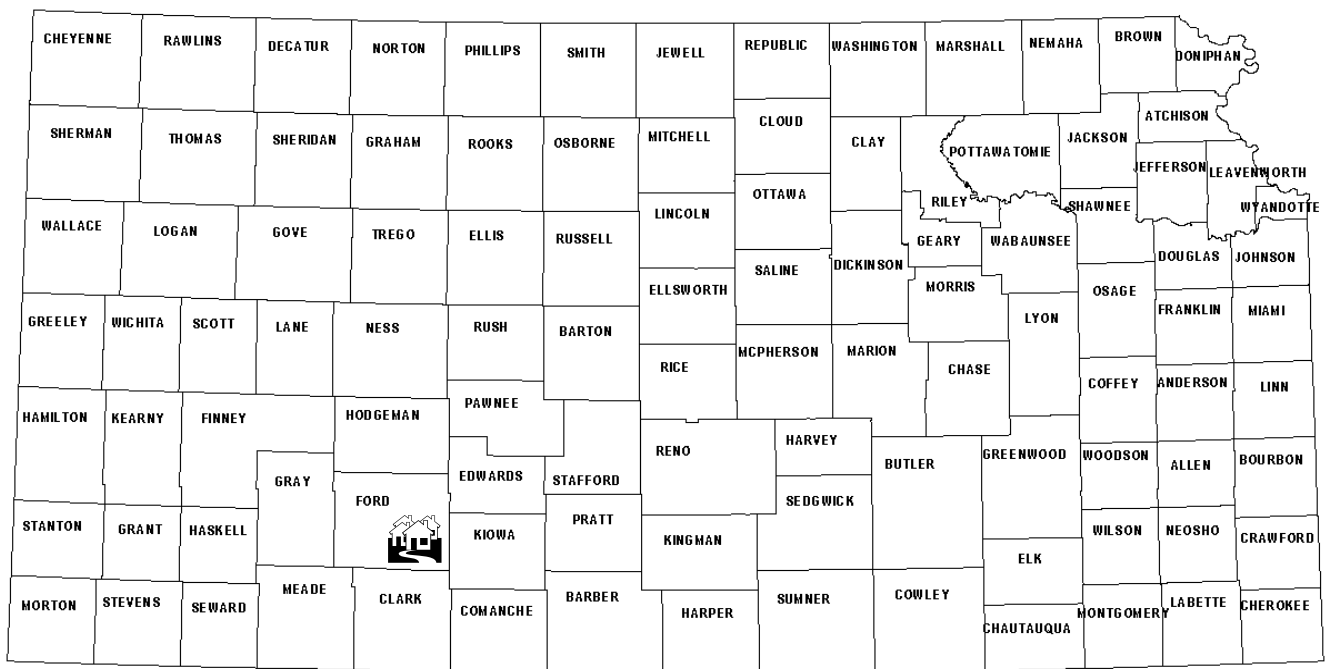


FORD COUNTY

Health Risk Behaviors



2000 - 2001

Health Risk Behaviors of Ford County 2000 - 2001

State of Kansas
Bill Graves, Governor

Kansas Department of Health and Environment
Clyde D. Graeber, Secretary

Report Preparation:

EnVisage Consulting

D. Charles Hunt, MPH, Epidemiologist, KDHE

Stephen Pickard, MD, Medical Epidemiologist, KDHE

Project Funding:

Funding for this project was provided by the Kansas Health Foundation, Wichita, Kansas. The Kansas Health Foundation is a philanthropic organization whose mission is to improve the health of all Kansans.

**Kansas Department of Health and Environment
Bureau of Health Promotion**

March 2002

ACKNOWLEDGMENTS

The Health Risk Studies Program of the Bureau of Health Promotion (BHP) within the Kansas Department of Health and Environment (KDHE) is part of the Department's ongoing commitment to assess lifestyle-related health risks of Kansans. The health information contained in this report will assist public health leaders in effectively targeting program interventions that decrease the risk of chronic diseases, acute illnesses, injuries, and premature death.

Special recognition is extended to the survey staff who made the Behavioral Risk Factor Survey of Ford County possible. Their dedication and perseverance resulted in data that are highly representative of health behaviors in the Ford County population.

Survey Director:

D. Charles Hunt, MPH

Survey Supervisor:

Monica Esquibel

Research Analyst:

Mona Arnold

A special thank you also goes to the staff of the Bureau of Health Promotion for sharing office space and equipment with interviewers, to the Community Health Assessment Project of the Ford County Health Department for identifying community data needs, and to the Kansas Health Foundation for providing the financial resources needed to collect behavior risk data for the Ford County survey. The survey staff also extend their thanks to the residents of Ford County who participated in the survey.

The Bureau of Health Promotion welcomes comments and suggestions on the content and format of this report and on the data presented. Additional statistics not contained in this report may be available upon request. Please direct all comments, questions, and requests to:

BRFSS Coordinator
Kansas Department of Health and Environment
Bureau of Health Promotion
1000 SW Jackson, Suite 230
Topeka, KS 66612-1274
(785) 296-1207

TABLE OF CONTENTS

Acknowledgments	i
Table of Contents	ii
Executive Summary	iv
<i>Percentage estimates for a wide range of risk factors with comparison values from state data.</i>	
Survey Content	vii
<i>Detailed listing of the survey topics and issues within each topic which were covered by the survey.</i>	
Introduction	x
<i>Describes the leading causes of death in Kansas, the contribution of behavioral risk factors to premature disability and death, and related Healthy Kansans 2000 objectives.</i>	
Health Care Access	1
<i>Detailed analysis of three risk factors: lacked health care coverage, unable to see a doctor due to cost, and lacked a regular health care professional.</i>	
Health Status and Disability	8
<i>Detailed analysis of five risk factors related to health status and activity limitations: fair or poor health, any activity limitation, pain limited usual activity, needed help with personal care needs, and needed help with routine needs.</i>	
Mental Health and Quality of Life	15
<i>Detailed analysis of six risk factors related to mental health and quality of life: not enough rest or sleep; not very healthy and full of energy; worried, tense, or anxious; sad, blue, or depressed; possible depression; and diagnosed with depression.</i>	
Physical Activity	26
<i>Detailed analysis of two risk factors: sedentary lifestyle and no regular physical activity.</i>	
Injury Prevention	30
<i>Detailed analysis of four risk factors: failed to always use safety belt, child 0 to 15 years was not always restrained, fell in past five years, and no installed and working smoke detector.</i>	
Violence and Crime	36
<i>Detailed analysis of three risk factors: persons who are afraid to leave their home at night, persons who have known or seen a victim of domestic violence during the past year, and persons who have witnessed a violent crime in their neighborhood during the past year.</i>	
Breast and Cervical Cancer Screening	41
<i>Detailed analysis of three risk factors: lacked recent mammogram, lacked recent clinical breast exam, and lacked recent pap smear.</i>	
Alcohol Use	46
<i>Detailed analysis of three alcohol-related risk factors: chronic drinking, binge drinking, and drinking and driving.</i>	

Tobacco Use and Smoke Exposure	50
<i>Detailed analysis three risk factors: cigarette smoking, male smokeless tobacco use, and passive smoke exposure.</i>	
Oral Health	57
<i>Detailed analysis of five oral health risk factors: no health care coverage for dental care, no dental visit in past two years, in need of dental services, lost one or more teeth to disease or decay, and lost six or more teeth to disease or decay.</i>	
Text of Survey Questions and Response Frequencies	66
<i>Text of each question and the weighted percentages for each response category in the survey.</i>	
Risk Factor Tables	80
<i>Detailed tables for the risk factors listed below. Note that some indicators (e.g., “Have a Child at Home”) are not risk factors themselves but are listed as table in this section because they may provide useful planning information when cross-referenced with demographic information and other risk factors.</i>	
Fair or Poor General Health	81
Lacked Health Care Coverage	81
Unable to See a Doctor Due to Cost in Past 12 Months.	82
No Regular Health Care Professional	82
Hypertension	83
High Blood Cholesterol	83
Diabetes Mellitus	84
Sedentary Lifestyle	84
No Regular Physical Activity	85
Failed to Always Use Safety Belt	85
Child 0-15 Years Failed to Always Use Safety Restraint	86
Have a Child at Home	86
Smokes Cigarettes	87
Smokeless Tobacco Use Among Males	87
Overweight	88
Overweight or Obese	88
Obese	89
Lacked Recent Mammogram	89
Lacked Recent Clinical Breast Exam (CBE)	90
Lacked CBE, Mammogram, or Both	90
Lacked Recent Pap Smear	91
Women with Hysterectomy	91
Lacked Influenza Vaccination	92
Lacked Pneumonia Vaccination	92
Self-Reported HIV Risk	93
Any Activity Limitation	93
Pain Limited Usual Activity	94
Personal Care Limitation	94
Routine Needs Limitation	95
Sad, Blue, Depressed	95
Worried, Tense, Anxious	96
Not Enough Rest or Sleep	96
Not Very Healthy and Full of Energy	97
Possible Depression	97
Diagnosed with Depression	98
No Installed and Working Smoke Detector	98
Afraid to Leave Home at Night	99
Known a Victim of Domestic Violence	99
Saw Violent Crime in Neighborhood	100
Lacked Eating Fruits and Vegetables	100
Lacked Emotional Support	101
Concerned About Food	101
No Dental Visit in Past Two Years	102
Lost One or More Teeth to Disease	102
Lost Six or More Teeth to Disease	103
No Dental Health Care Coverage	103
In Need of Dental Services	104
Chronic Drinking	104
Binge Drinking	105
Drinking and Driving	105
Fell in Past Five Years	106
Passive Smoke	106
Technical Notes	107
<i>Provides information regarding methodology, survey response rates, stratification of data, and data limitations.</i>	

EXECUTIVE SUMMARY

Health Status	Ford	KS	US*
Percentage reporting that in general their health was fair or poor	11	12 ^a	14 ^a
Health Care Access			
Percentage reporting no health insurance or other health care coverage	12	11 ^a	12 ^a
Percentage unable to see a doctor due to cost during the past 12 months	10	8 ^a	10 ^a
Percentage lacking a regular health care professional	22	14 ^d	NA
Hypertension			
Percentage ever told by a health professional that they had high blood pressure	20	21 ^b	24 ^b
Cholesterol			
Percentage ever told they had high cholesterol among those who had ever had their cholesterol checked	28	27 ^b	30 ^b
Diabetes			
Percentage ever told they had diabetes (except during pregnancy only)	6	6 ^a	6 ^a
Physical Activity			
Percentage not engaging in at least 20 minutes of leisure time physical activity at least three times per week	60	67 ^c	NA
Percentage not engaging in at least 30 minutes of leisure time physical activity five times per week	81	82 ^a	78 ^a
Safety Belt Use			
Percentage who do not always use a safety belt when driving or riding in a car	47	38 ^b	31 ^d
Percentage of children 0 to 15 years not always restrained when riding in a car	17	13 ^b	15 ^d
Tobacco Use			
Percentage who currently smoke cigarettes	20	21 ^a	23 ^a
Percentage of males who use smokeless tobacco	11	10 ^d	8 ^d
Overweight			
Percentage overweight (BMI >= 27.8 for males and >=27.3 for females)	39	33 ^b	34 ^b
Percentage overweight or obese (BMI >= 25)	62	59 ^a	57 ^a
Percentage obese (BMI >= 30)	22	19 ^b	20 ^b

^a 2000

^c 1998

^e 1996

* median prevalence

^b 1999

^d 1997

^f 1995

NA=Not Available

Breast and Cervical Cancer Screening	Ford	KS	US*
Percentage of women aged 50 and older who have not had a mammogram in the past two years	19	20 ^b	25 ^b
Percentage of women aged 50 and older who have not had a clinical breast exam in the past two years	20	23 ^b	NA
Percentage of women aged 50 and over who have not had both a mammogram and a clinical breast exam in the past two years	28	29 ^b	NA
Percentage of women with a uterine cervix who have not had a pap smear within the past two years	20	15 ^b	17 ^b
Percent of women who have had a hysterectomy	24	24 ^b	22 ^a
Adult Immunization			
Percentage who have not have not had an influenza vaccine within the past 12 months	71	64 ^a	69 ^b
Percentage who have never had a pneumonia vaccine	81	79 ^a	82 ^b
HIV			
Percentage of persons younger than 65 reporting risk of contracting HIV as “medium” or “high”	4	5 ^a	6 ^a
Activity Limitations and Quality of Life			
Percentage with a limitation in any activities due to any impairment or health problem	12	12 ^b	NA
Percentage with one or more days of the last 30 days where pain made it hard to do usual activities	16	21 ^b	NA
Percentage of respondents reporting needing help with personal care needs	5	1 ^a	NA
Percentage of respondents reporting needing help with routine needs	6	4 ^a	NA
Percentage with 14 or more days of the last 30 days which they felt sad, blue, or depressed	8	5 ^b	NA
Percentage with 14 or more days of last 30 days which they felt worried, tense or anxious . .	17	12 ^b	NA
Percentage with 14 or more days of last 30 days during which they did not get enough sleep	26	22 ^b	NA
Percentage with 14 or more days of last 30 days during which they did not feel very healthy and full of energy	35	32 ^b	NA
Mental Health			
Percentage reporting they might have had depression during the past five years	21	NA	NA
Percentage reporting they had been diagnosed with depression	7	NA	NA

^a 2000

^c 1998

^e 1996

* median prevalence

^b 1999

^d 1997

^f 1995

NA=Not Available

Injury Prevention	Ford	KS	US*
Percentage reporting not having and installed and working smoke detector	25	NA	NA
Violence and Crime			
Percentage who reported being very, somewhat, or a little afraid to leave their home at night	21	12 ^e	NA
Percentage knowing or seeing someone who was beaten or otherwise hurt by a husband, wife, boyfriend or girlfriend in the past year	18	30 ^e	NA
Percentage who witnessed a violent crime in their neighborhood last year	9	8 ^e	NA
Fruits and Vegetables			
Percentage reporting having consumed less than five servings of fruits and vegetables per day	68	77 ^a	77 ^a
Social Context			
Percentage having one or less close friend or family members who would help with emotional problems or feelings	7	NA	NA
Percentage reporting being concerned in the past month about having enough food for themselves and their family	14	NA	NA
Oral Health			
Percentage reporting not visiting the dentist in the past two years	28	NA	NA
Percentage reporting having lost at least one tooth because of tooth decay or gum disease	43	NA	NA
Percentage reporting having lost six or more teeth because of tooth decay or gum disease	14	17 ^b	20 ^b
Percentage reporting having no dental health care coverage	42	NA	NA
Percentage reporting they were in need of dental services, including fillings, dentures, or partials, teeth pulled, caps, crowns, or root canals	24	NA	NA
Alcohol			
Percentage who reported having 60 or more drinks per month	5	3 ^b	4 ^b
Percentage who reported having five or more drinks of alcohol on an occasion, one or more times during the past 30 days.	14	12 ^b	15 ^b
Percentage who reported having driven when they'd had perhaps too much to drink	3	3 ^b	2 ^b
Falls			
Percentage of respondents age 65 and older reporting having fallen in the last five years . .	37	NA	NA
Passive Smoke			
Percentage reporting that someone smoked inside their home or that they were exposed to smoke at work	15	NA	NA

^a 2000

^c 1998

^e 1996

* median prevalence

^b 1999

^d 1997

^f 1995

NA=Not Available

SURVEY CONTENT

For the complete text of each question and response frequencies, see page 67.

CORE MODULES	
<p>Health Status Self-perceived health</p> <p>Health Care Access Insurance coverage Type of insurance Length of time without health insurance Inability to see doctor due to cost Source for routine care Time since last check-up</p> <p>Hypertension Awareness Last blood pressure check Diagnosis of high blood pressure</p> <p>Cholesterol Awareness Last blood cholesterol check Diagnosis of high blood cholesterol</p> <p>Diabetes Diagnosis of diabetes mellitus</p> <p>Exercise Frequency, duration, and type of leisure time exercise</p> <p>Safety Belt Use Frequency of use of safety belt Frequency of use of safety belt by oldest child</p> <p>Tobacco Use Current and former smoking status Number of cigarettes consumed Quitting for 1+ days during the past 12 months Elapsed time since quitting</p> <p>Smokeless Tobacco Use Prior use of smokeless tobacco Current use of smokeless tobacco</p> <p>Demographics Age Sex Race Hispanic ethnicity Marital status Ages of children in the home Educational attainment Employment Income Height and weight Zip code</p>	<p>Women's Health Elapsed time since last mammogram Reason for last mammogram Elapsed time since last clinical breast exam Reason for last clinical breast exam Elapsed time since last pap smear Reason for last pap smear Hysterectomy Current pregnancy</p> <p>Immunization Flu shot during the last 12 months Lifetime pneumonia shot</p> <p>HIV/AIDS Self-perceived risk for acquiring HIV infection Elapsed time since last blood test for HIV Reason for last blood test for HIV Location of last blood test for HIV Receipt of test results</p> <p>Quality of Life Activity limitation Cause of activity limitation Duration of activity limitation Limitation in personal care Limitation in routine needs Limitation due to pain and frequency of pain Frequency of feeling sad, blue or depressed Frequency of feeling worried, tense or anxious Frequency of insufficient sleep or rest Frequency of feeling very healthy and full of energy</p>

FORD-SELECTED OPTIONAL MODULES

Mental Health

- Help sought from family or friends
- Help sought from therapist, counselor or self-help group
- Respondent thought they had depression
- Diagnosed with depression
- Received treatment for depression
- Person who provided treatment
- Unable to get treatment for personal or emotional problems during last 5 years
- Reason for not being able to get treatment for personal or emotional problems
- Place of choice for treatment
- From whom respondent would seek help or talk to
- Stress level of respondent

Injury Prevention

- Description of smoke detector in home
- Time elapsed since last testing of smoke detector

Violence and Crime

- Fear of leaving house at night
- Witnessed a violent crime in neighborhood
- Known a victim of domestic violence

Preventive Counseling

- Elapsed time since received counseling from health professional on diet or eating habits
- Elapsed time since received counseling from health professional on physical activity
- Elapsed time since received counseling from health professional on injury prevention
- Elapsed time since received counseling from health professional on drug abuse
- Elapsed time since received counseling from health professional on alcohol use
- Elapsed time since health professional advised to quit smoking (smokers)
- Elapsed time since health professional discussed reproductive health issues (under age 65)

Fruits and Vegetables

- How often respondent drinks fruit juices
- How often respondent eats fruit
- How often respondent eats green salad
- How often respondent eats potatoes
- How often respondent eats carrots
- How often respondent eats other vegetables

Social Context

- How safe respondents would consider neighborhood
- Whether respondent owns or rents current residence
- Duration of time respondent has lived at current residence

Oral Health

- Elapsed time since last visit to dentist for routine check-up
- Main reason for not visiting dentist
- Number of permanent teeth removed because of decay or gum disease
- Dental Insurance
- Current need for any dental services

FORD-SELECTED OPTIONAL MODULES, continued

Alcohol Consumption

Any consumption of alcohol

Frequency and quantity of alcohol consumption

Drinking and driving during the past month

Falls

Respondent fallen within last five years

Cause of last fall

Passive Smoke

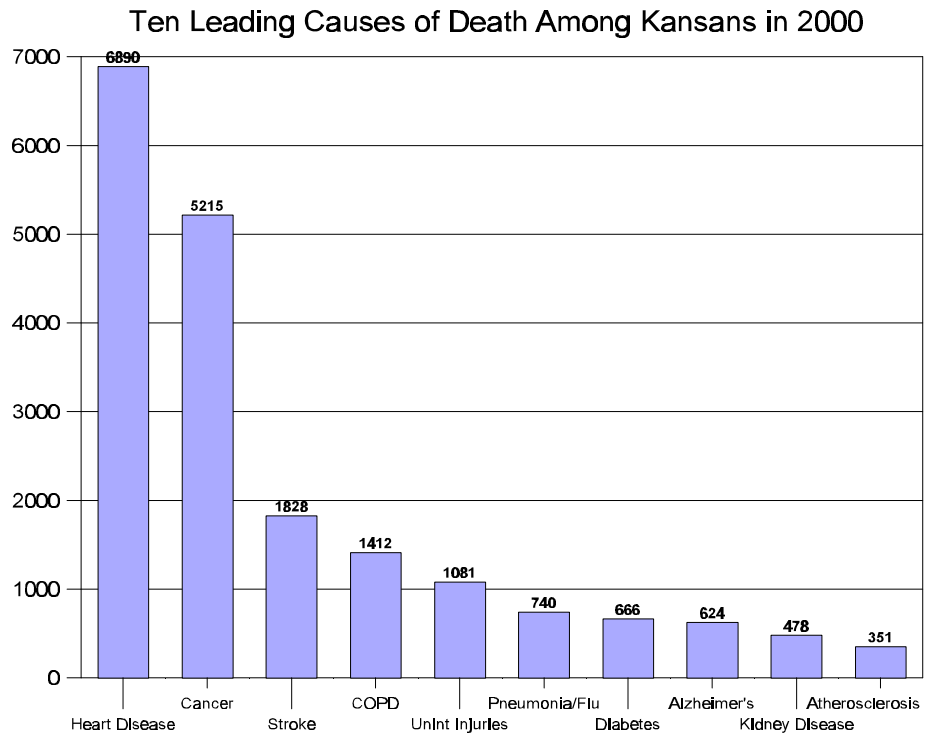
Number of persons in household that are current smokers

Number of smokers who smoke inside the home

policy about smoking at the work place (for those who work outside the home)

INTRODUCTION

Approximately half of all deaths in the United States can be attributed to just nine factors: tobacco; diet/activity patterns; alcohol; microbial agents; toxic agents; firearms; sexual behavior; motor vehicles; and illicit use of drugs.¹ Consequently, making substantial improvements in health outcomes (illness, death, injury, and disability) requires improving health behaviors. Community efforts to improve health depend on measurement of both health outcomes and health behaviors to effectively design and measure the impact of local health intervention efforts.



Health outcomes can be measured in medical records and vital records, such as birth certificates and death certificates, but measuring the behaviors that have such a profound impact on health requires either observing what people do or asking them what they do. Structured interviewing (i.e., surveying) of large numbers of individuals randomly selected from the population (sampling) has been the most commonly employed and most economical method for measuring behavior.

While national prevalence estimates of health risk behaviors had been available prior to the early 1980's through studies conducted by the National Center for Health Statistics (e.g., National Health and Nutrition Examination Surveys; National Health Interview Survey), these data were not available at the state level. It was recognized that national data may not be applicable to any given state, yet state health agencies have the primary role of targeting resources to reduce behavioral risks and their consequent health outcomes. As telephone survey methodology was gaining wide acceptance as a valid way of measuring health risk behaviors in populations, the Behavioral Risk Factor Surveillance System (BRFSS) was established in 1984 by the Centers for Disease Control and Prevention to provide such state-level data on behavioral health risks and preventive health practices.

The Behavioral Risk Factor Surveillance System, which is coordinated and partially funded by the Centers for Disease Control and Prevention, is the largest continuously-conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories. The first BRFSS survey in Kansas was conducted as a point-in-time survey in 1990, and Kansas has conducted the BRFSS survey annually since 1992. Beginning in 1998, the Kansas Health Foundation funded a project to use a modification of the BRFSS to collect community level data in twelve local areas around Kansas. This document summarizes results from Ford County.

To give perspective to Ford County results, we have included selected Healthy Kansans 2000 objectives for comparison. Healthy Kansans 2000 was a process similar to Healthy People 2000 which set health objectives for the state and provided baseline data against which to measure progress achieving the objectives. Many of the objectives in Healthy Kansans can be measured with BRFSS indicators. The table below lists the objectives from Healthy Kansans 2000 and provides the measures for each objective for Ford County and Kansas as well as the target Kansas objective.

Selected Healthy Kansans 2000 Objectives	Ford 2000 Percent	Kansas Percent	Healthy Kansans 2000 Objective
Health Care Access*			
Increase the proportion of adults with health care coverage	88	89 ^a	92
Reduce the proportion of adults not seeking health care due to cost . .	10	8 ^a	6
Increase the proportion of adults who have a specific source of primary care for their ongoing preventive and episodic health care . . .	78	86 ^d	95
Increase the proportion of adults who have had their cholesterol checked in the past five years	54	69 ^b	75
Physical Activity			
Increase the proportion of adults aged 18 and older engaging in regular physical activity at least 5 times a week for at least 30 minutes .	19	18 ^a	40
Decrease the proportion of adults aged 18 and older engaging in no leisure time physical activity	36	30 ^a	15
Unintentional Injuries and Violence*			
Increase the proportion of adults aged 18 and older who report always wearing their safety belt	53	62 ^b	70
Increase the proportion of youth aged 0 through 4 who always ride in a safety seat	96	97 ^b	95
Tobacco*			
Decrease the prevalence of current smoking among adults aged 18 and older	20	21 ^a	15
Decrease the prevalence of smokeless tobacco use by males aged 18 and older	11	10 ^d	4
Nutrition*			
Decrease the proportion of adults aged 18 and older who are overweight (body mass index ≥ 27.8 for males; ≥ 27.3 for females)	39	33 ^b	20

Selected Healthy Kansans 2000 Objectives	Ford 2000 Percent	Kansas Percent	Healthy Kansans 2000 Objective
Cancer*			
Increase the proportion of women aged 50 and older who have received a mammogram and a clinical breast exam within the last 2 years	72	80 ^b	60
Increase the proportion of women aged 18 and older without a prior hysterectomy who have ever received a Pap test	92	95 ^b	98
Increase the proportion of women aged 18 and older without a prior hysterectomy who have received a Pap test in the past 2 years	80	85 ^b	90
Infectious Diseases and Immunizations*			
Increase the proportion of non-institutionalized adults aged 65 and older who have been vaccinated for influenza the past 12 months	58	67 ^b	80
Increase the proportion of non-institutionalized adults aged 65 and older who have ever been vaccinated for pneumonia	53	55 ^b	80

* Subtitles correspond to Healthy Kansans 2000 health issues and disease risk factors rather than BRFSS survey sections.

^a 2000

^b 1999

^c 1998

^d 1997

Reference

¹ McGinnis, J.M. & Foege, W.H. (1993). Actual causes of death in the United States. Journal of the American Medical Association, 270, 2207-2212.

Lacked Health Care

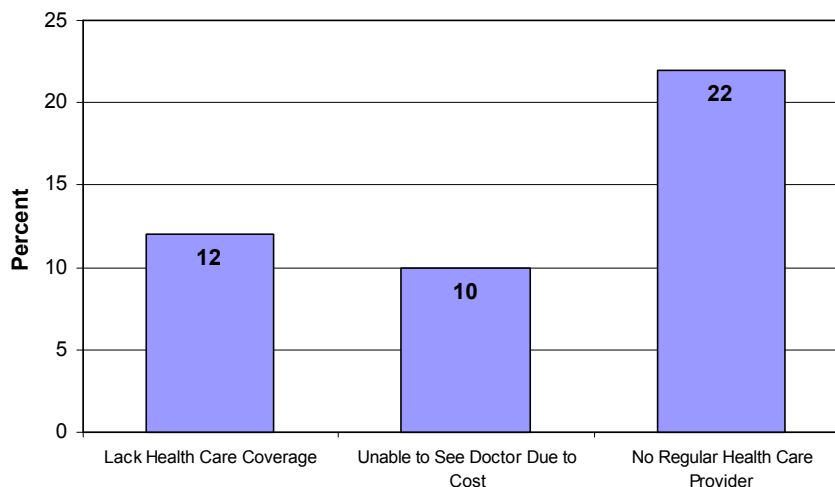
Coverage: Respondents reporting that they lacked any form of health care coverage, including health insurance, Health Maintenance Organizations (HMO), Medicare, Medicaid, or military insurance plans.

Unable to See a Doctor Due to Cost: Respondents reporting that they were unable to see a doctor due to the cost during the past twelve months.

Lacked Regular Health Care

Professional: Respondents reporting that they did not have at least one doctor or health professional that they saw for their routine medical care.

Access to Health Care Risk Factors



HEALTH CARE ACCESS AND UTILIZATION

Background

Access: Timely use of personal health services to achieve the best possible health outcomes.

Three risk factors:

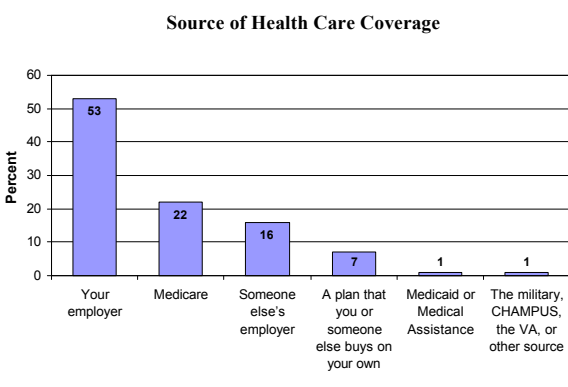
- Lack of health care coverage (i.e., insurance)
- Unable to see a doctor due to cost
- No regular health care provider

In its study of access to health care in America, the Institute of Medicine (IOM) panel defined access as the timely use of personal health services to achieve the best possible health outcomes. The panel suggested that the test of equity of access involved determining whether or not there were systematic differences in use and outcomes among different groups, and, if so, identifying whether or not there were barriers that supported a differential access to care. In addition to the poor, other populations identified as potentially having reduced access to care included racial and ethnic minorities, rural residents and persons with a disability.

The percentage of the population with health insurance is one measure of access to care; however, even those persons who have insurance may have only hospitalization coverage, may have high deductibles, or may be unable to afford medications prescribed. A second indicator, being unable to see a doctor due to cost, attempts to measure provider visits actually foregone due to financial access barriers. Usual source of care is measured by the third indicator. Having a usual source of provider care appears to influence health care seeking behavior and has been shown to increase the likelihood that a person will access preventive care services.

Source of Coverage

Among those with health care coverage, an employer was the most common source of coverage; 69% have coverage through their employer or someone else’s employer. Medicare was also a common source of coverage (22% of the respondents). Relatively few of the respondents (7%) reported coverage through a plan they or someone else bought on their own.

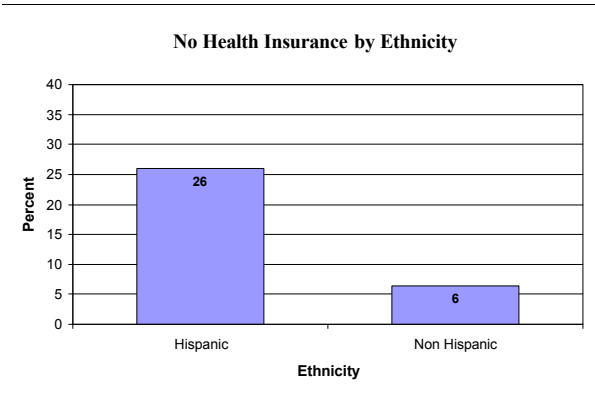
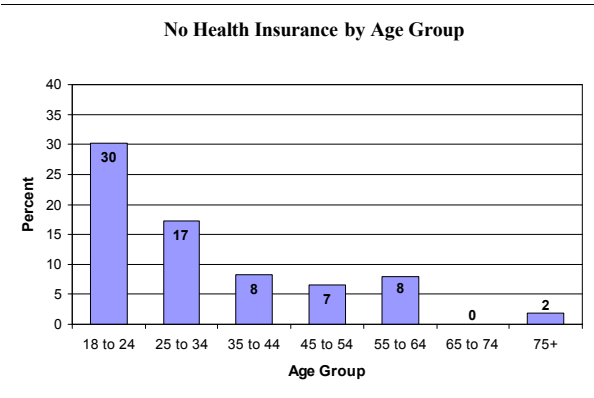


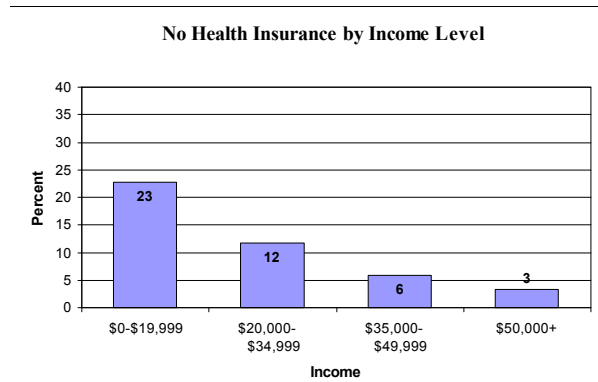
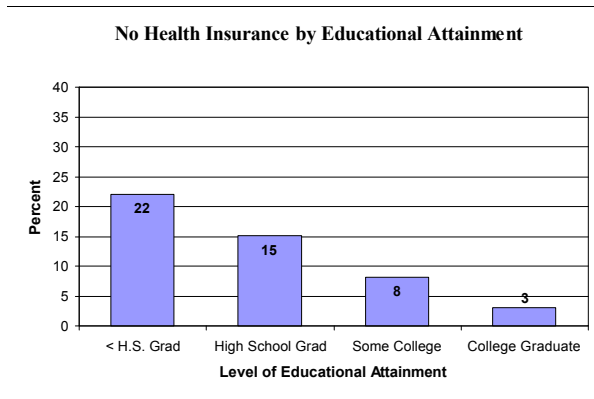
Lack of Health Care Coverage

Twelve percent of Ford County respondents reported not having insurance at the time of the survey, which is comparable to 11% statewide reporting no healthcare coverage (2000). Seventeen percent of Ford County respondents reported being without health care coverage at some time during the past year (including those without insurance at the time of the survey).

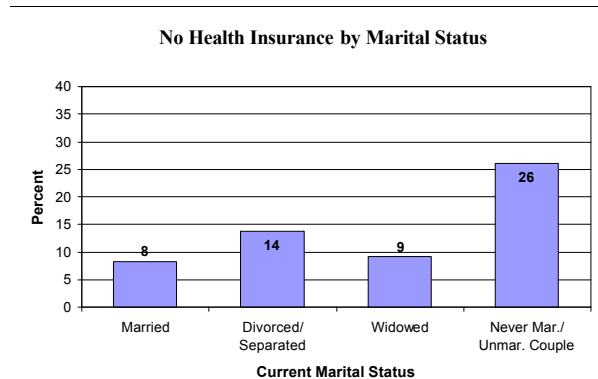
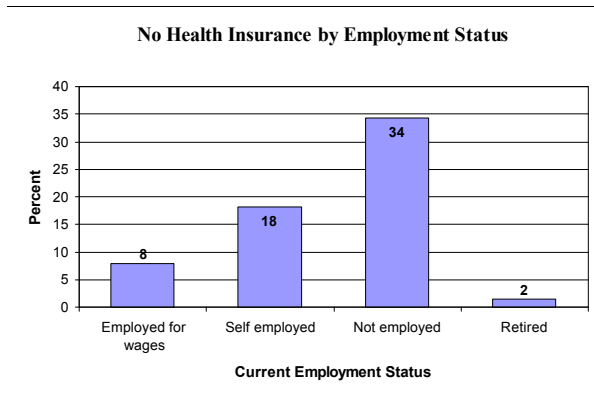
Who?

In general, rates of non-coverage decreased with increasing age, income, and educational attainment. Highest rates of non-coverage were found among respondents aged 18 to 24, respondents with less than a high school education, and respondents living in households with incomes less than \$35,000. Hispanics were over four times more likely than non-Hispanics to be without health care coverage.

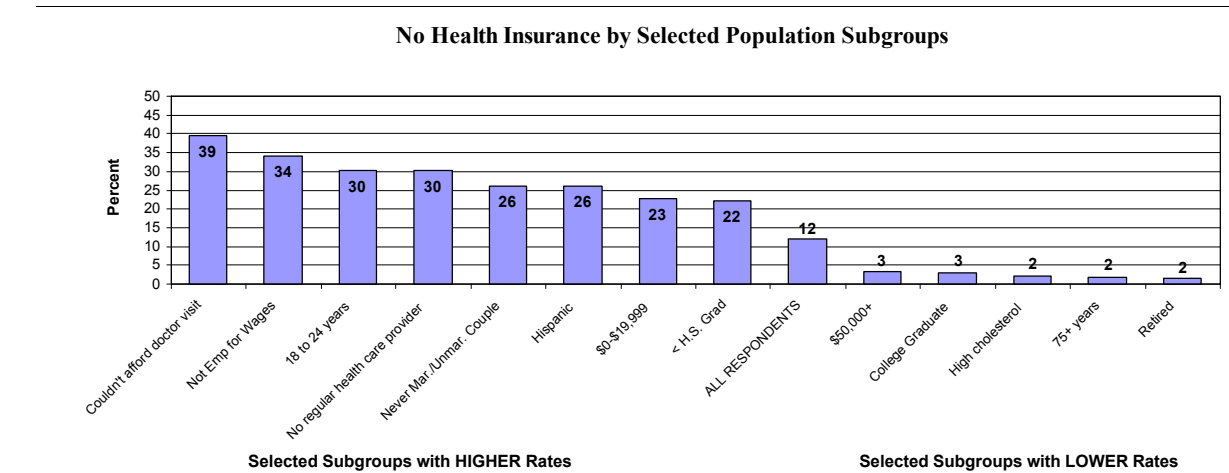




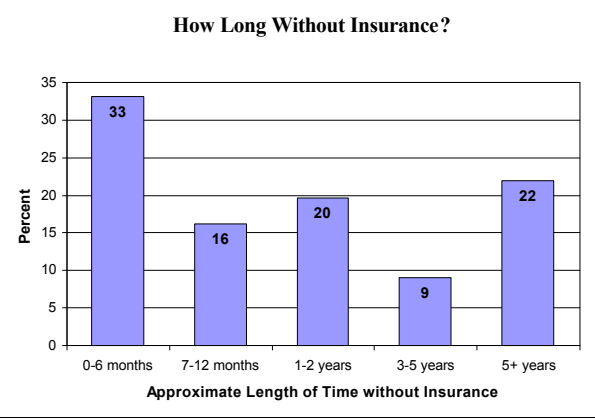
Comparing the employment status of respondents, those not currently employed (including students and homemakers) had the highest levels of uninsurance. Viewing the results by marital status, those never married or part of an unmarried couple (more likely to be younger respondents) were more likely to be without health care coverage than other marital status groupings.



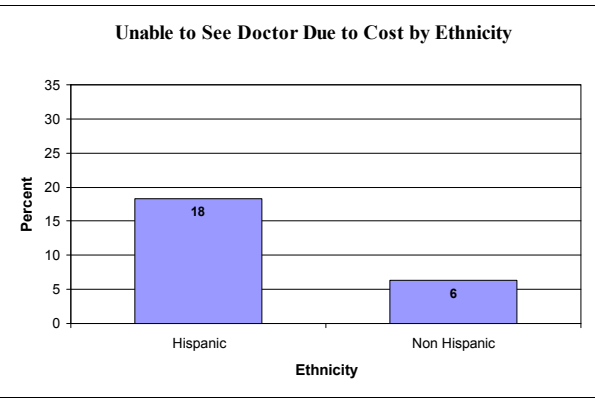
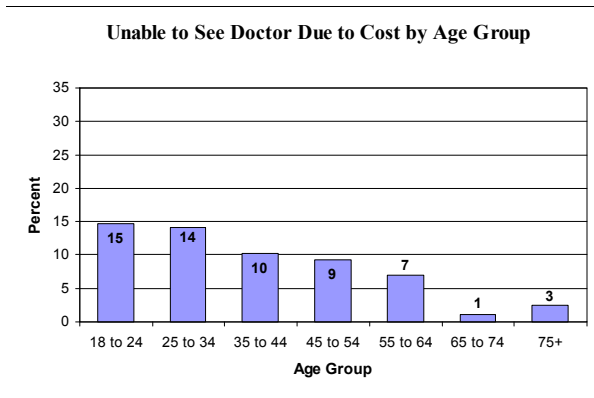
Other risk factors which appeared to be associated with not having health care coverage include being unable to afford a doctor visit and not having a regular health care provider.



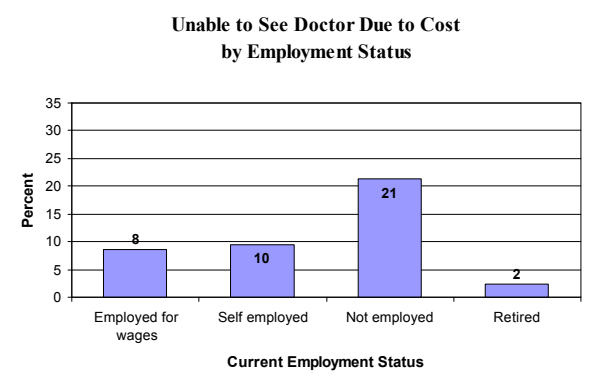
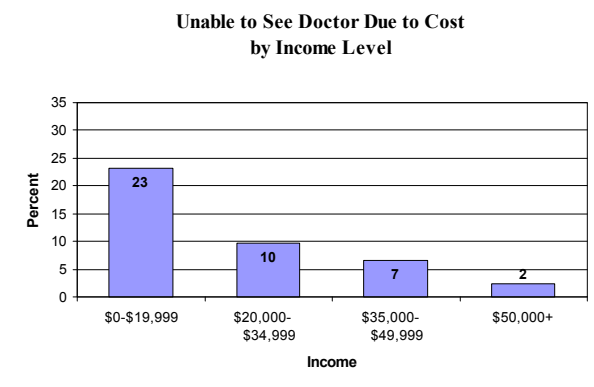
For How Long? For a majority without health insurance at the time of the survey, the problem was of relatively long duration; 51% reported being uninsured for more than a year. Thirty-three percent reported having lost their insurance only within the past six months.



Unable to See a Doctor Due to Cost Ten percent of respondents reported that they needed to see a doctor sometime in the past 12 months, but were unable to because of cost. This is similar to 8% of respondents reported statewide in 2000. Percent unable to see a doctor due to cost varied across age groups with the highest percentage at risk observed among respondents aged 18 to 24. Hispanic respondents were three times more likely than non-Hispanic respondents to be unable to afford a doctor visit.

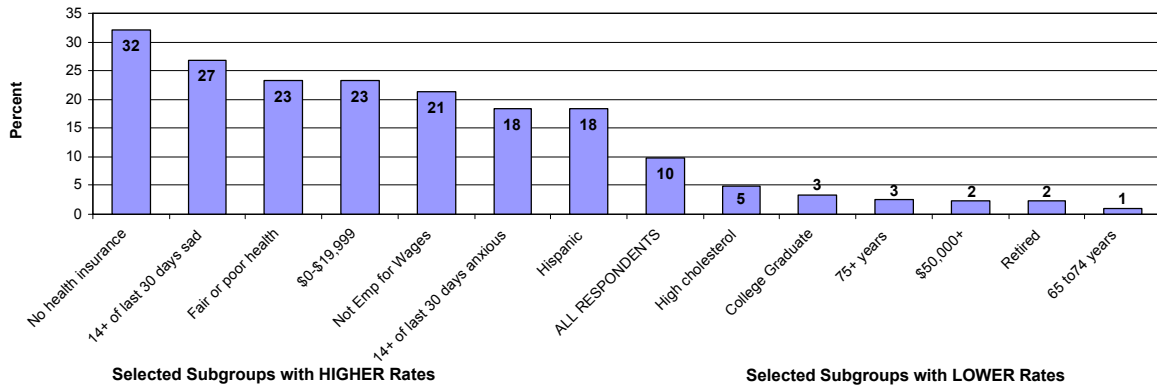


Risk decreased with increasing levels of household income, and, among employment groups, those not currently employed were most likely to be at risk.



Thirty-two percent of respondents without health insurance needed to see a doctor in the past 12 months, but were unable to because of cost. Also, compared to all respondents, those who were sad, blue, or depressed 14 or more of the last 30 days and those in fair or poor health were at greater risk for being unable to see a doctor due to cost.

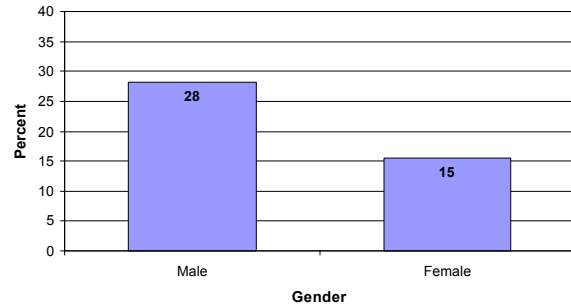
Unable to See Doctor Due to Cost by Selected Population Subgroups



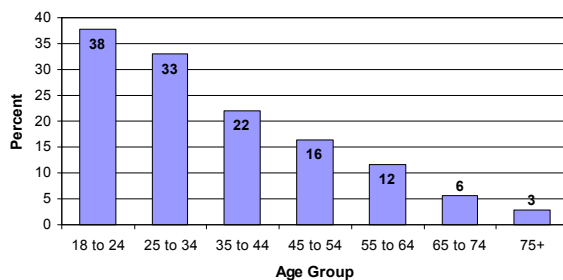
No Regular Health Care Professional

Twenty-two percent of Ford County respondents reported that they did not have a particular doctor or health professional to whom they usually went for routine medical care. This was higher than the statewide percentage of 14% reported in 1997. Males appeared to be more likely than females to be at risk. Risk decreased with age, and Hispanic respondents were more than twice as likely as non-Hispanic respondents to not have a regular health care professional.

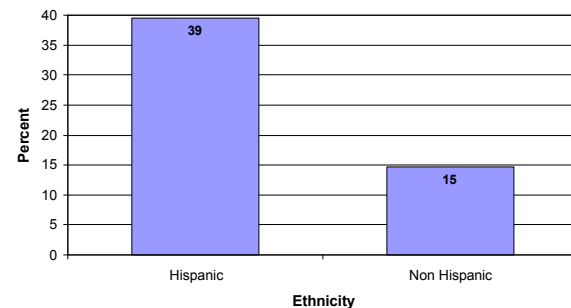
No Regular Health Care Professional by Gender



No Regular Health Care Professional by Age Group

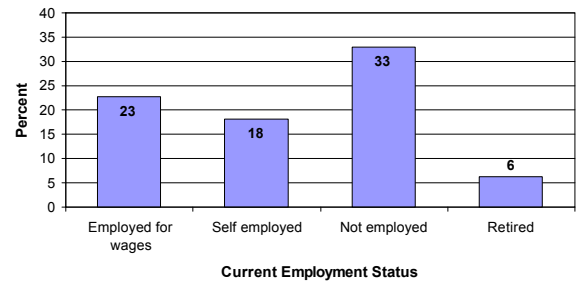


No Regular Health Care Professional by Ethnicity

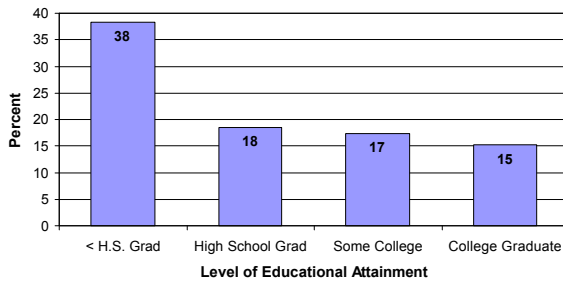


Among employment categories, those currently not employed were at the greatest risk for not having a regular health care professional. Respondents without a high school education were over twice as likely as respondents in any other educational group to be without a regular health care professional. Comparing income levels, respondents in households earning less than \$35,000 per year were more likely to be at risk than respondents earning greater than \$35,000 per year.

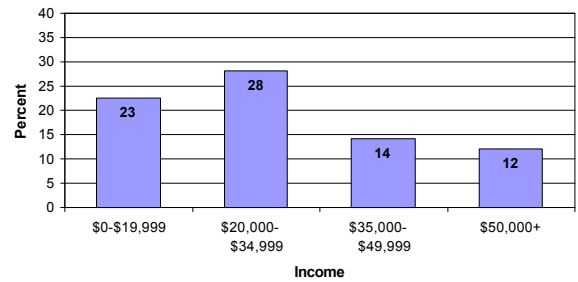
No Regular Health Care Professional by Employment Status



No Regular Health Care Professional by Education

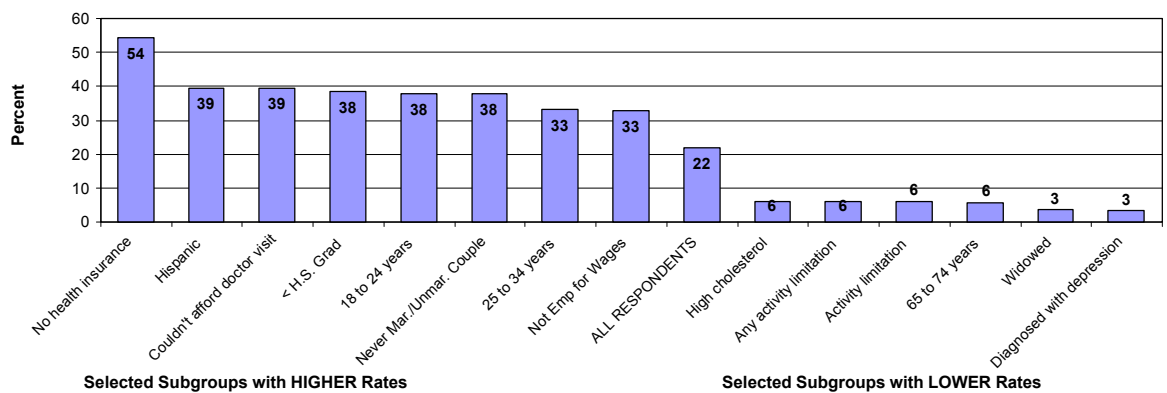


No Regular Health Care Professional by Income Level



Fifty-four percent of respondents without health care coverage did not have a regular health care professional. Those who were unable to see a doctor due to cost also had a higher-than-average observed risk (39% versus 22% for all respondents).

No Regular Health Care Professional by Selected Population Subgroups



References

U.S. Department of Health and Human Services. (1998). Access to quality health services. In Healthy people 2010 objectives: draft for public comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

Institute of Medicine. (1983) . Access to health care in America. Millman, M. (ed.). Washington, DC: National Academy Press.

Health and Human Services. (2000) . The initiative to eliminate racial and ethnic disparities in health. Available at <http://raceandhealth.hhs.gov>.

Fair or Poor Health:

Respondents who reported their health in general as “fair” or “poor”.

Any Activity Limitation:

Respondents who reported that they had any limitation in any activities due to any impairment or health problem.

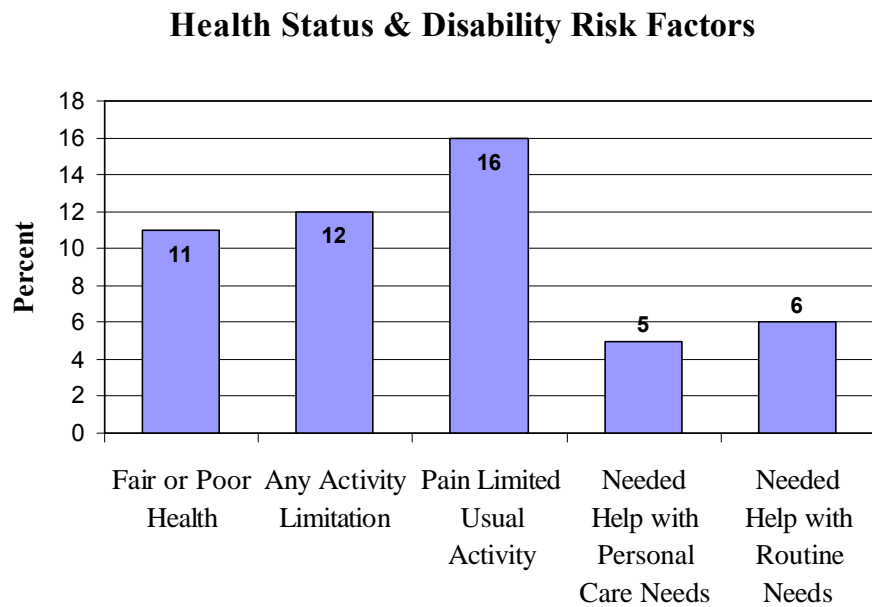
Pain Limited Usual

Activity: *Respondents who reported one or more days in the past 30 where they had pain that limited their activity.*

Needed Help With Personal Care Needs:

Respondents who reported that they need the help of other persons in handling personal care needs, such as eating, bathing, dressing, or getting around the house.

Needed Help With Routine Needs: *Respondents reporting that they need the help of other persons in handling routine needs, such as everyday household chores, shopping, and doing necessary business.*



HEALTH STATUS AND DISABILITY

Background

Activity limitation refers to a person's inability to perform activities such as, but not limited to, work, school, recreation, or various activities of daily living such as eating, dressing, cleaning, or shopping.

More than 54 million Americans experience some limitation in their activities as a result of an acute or chronic health problem. Activity limitation refers to a person's inability to perform activities such as, but not limited to, work, school, recreation, or various activities of daily living such as eating, dressing, cleaning, or shopping. The prevalence of activity limitations or disability will likely increase by about 50% by the year 2010 due to improved survival of persons with chronic health problems and increased numbers of persons over age 65.¹ Because disabilities are long-term, impairments caused by injuries, congenital anomalies, and chronic diseases, preventing injuries, congenital anomalies and chronic diseases should be the first priority of community health improvement efforts. Preventing the complications of chronic impairments and improving the functional capabilities and quality of life of persons with disabilities offers substantial health benefits to community members.

The five risk factors chosen as indicators of health status and disability are (1) self-reported “fair” or “poor” health status, (2) any activity limitation, (3) pain limited usual activity one or more of the past 30 days, (4) needed help with personal care, and (5) needed help with routine care. Persons with severe routine and personal care limitations are at greater risk of being institutionalized, especially when there is an absence of a spouse or other family member to help with health and maintenance needs.

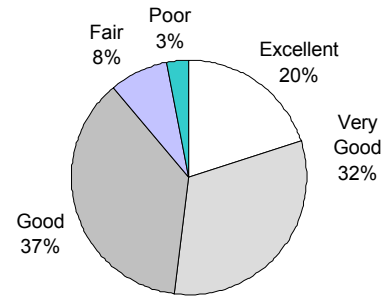
Fair or Poor Health Status

Eleven percent of respondents reported their health in general as “fair” or “poor”, which is comparable to the 2000 statewide statistic of 12%. Over half (52%) reported their health in general as “very good” or “excellent”.

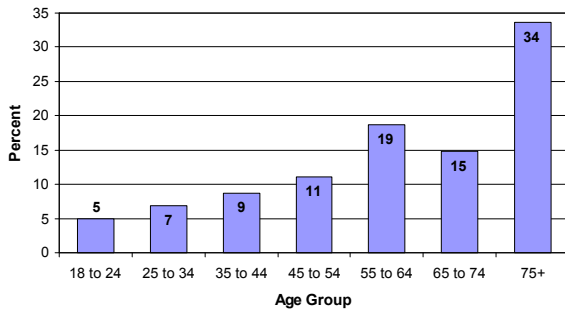
The percentage of respondents reporting their general health as “fair” or “poor” tended to increase with age, with persons aged 75 and older having the highest risk.

Looking at employment status, self-employed respondents and those employed for wages had lower observed percentages of “fair” or “poor” health. Retired respondents had the highest risk percentage, probably due to the age of these respondents.

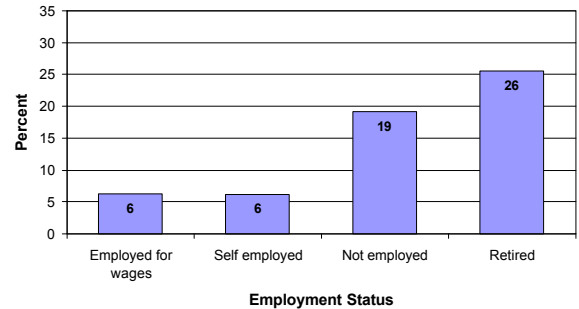
Self-Perceived General Health Status



Fair or Poor Health by Age

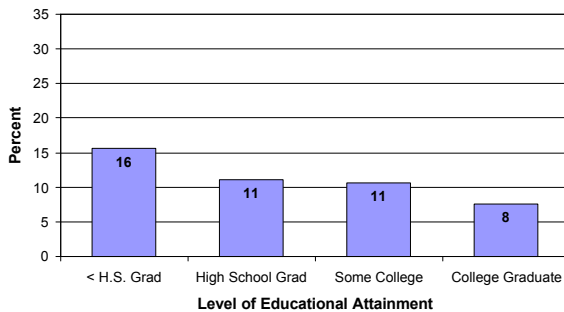


Fair or Poor Health by Employment

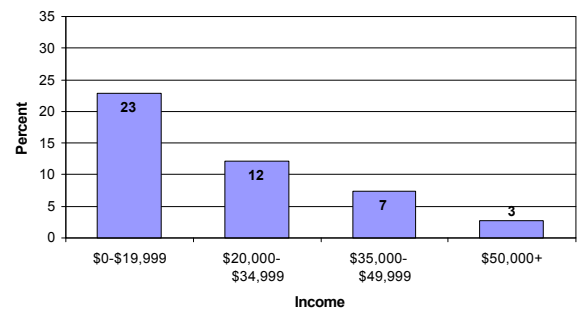


Risk for fair or poor health was higher among respondents with lower levels of educational attainment and lower household incomes.

Fair or Poor Health by Education

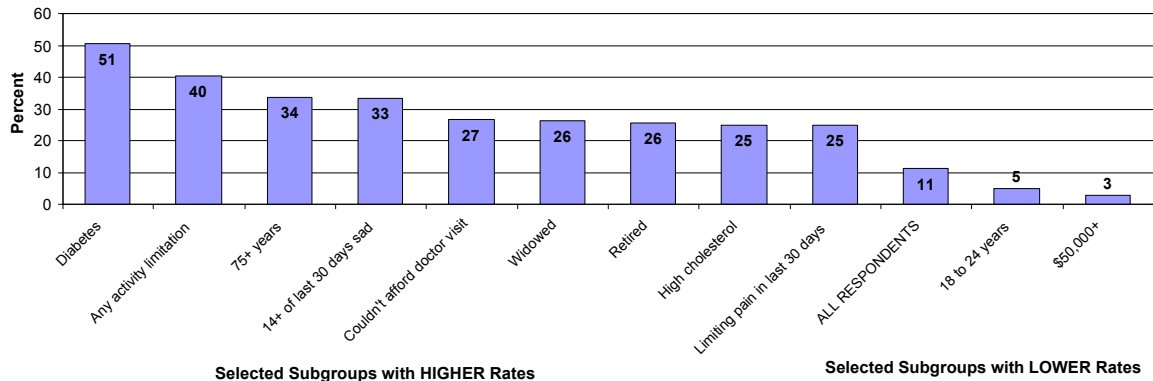


Fair or Poor Health by Income



Other risk factors which appeared to be associated with fair or poor health included diabetes, having an activity limitation, having been sad/blue/depressed 14 or more of the past 30 days, and not being able to afford a doctor visit.

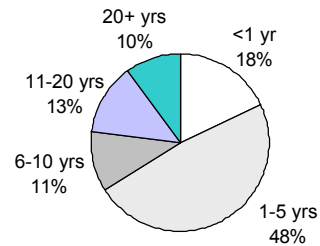
Fair or Poor Health by Population Subgroups



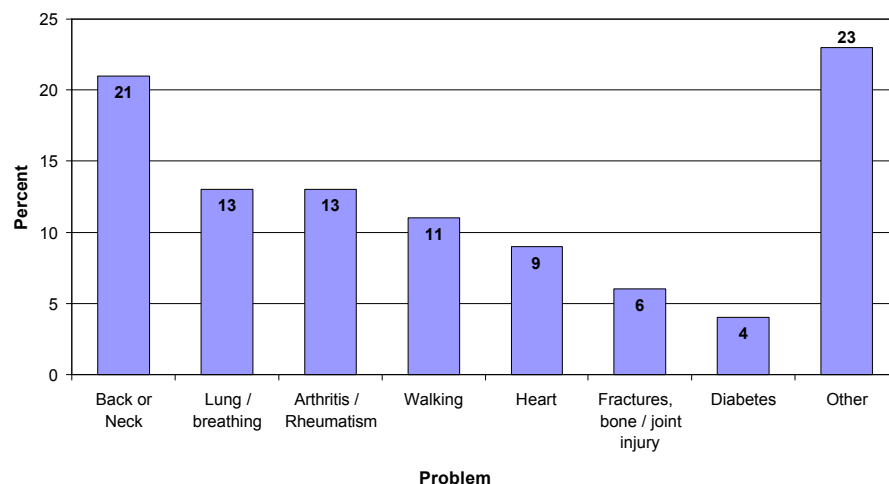
Any Activity Limitation

Twelve percent of respondents reported a limitation due to an impairment or health problem. This is comparable to the 12% observed statewide in 1999. Eighty-two percent of those with limitations have had them for at least one year. The top three problems (47% of respondents with impairments) were related to back or neck problems, lung/breathing, or arthritis/rheumatism.

For how long have your activities been limited because of your major impairment or health problem?



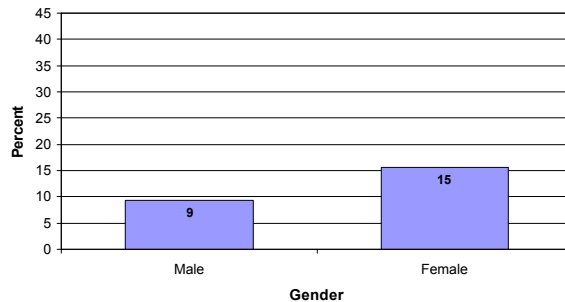
What is the major impairment or health problem that limits your activities?



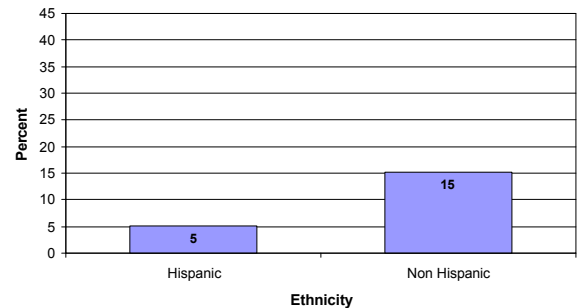
Who?

Females were more likely than males and non-Hispanics were three times more likely than Hispanics to report an activity limitation.

Any Activity Limitation by Gender

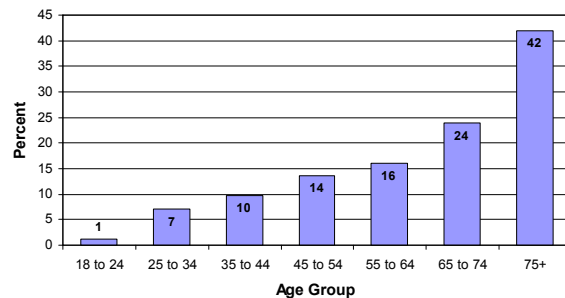


Any Activity Limitation by Ethnicity

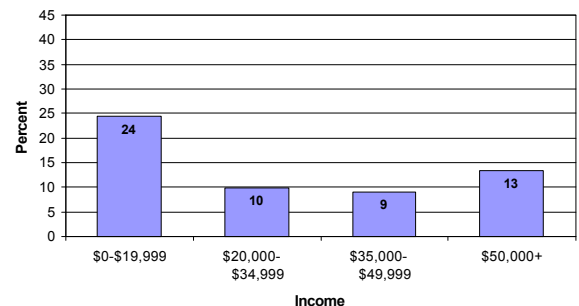


The risk for an activity limitation increased with age. Respondents with household incomes less than \$20,000 had nearly twice the prevalence of risk for activity limitation as any other income group.

Any Activity Limitation by Age

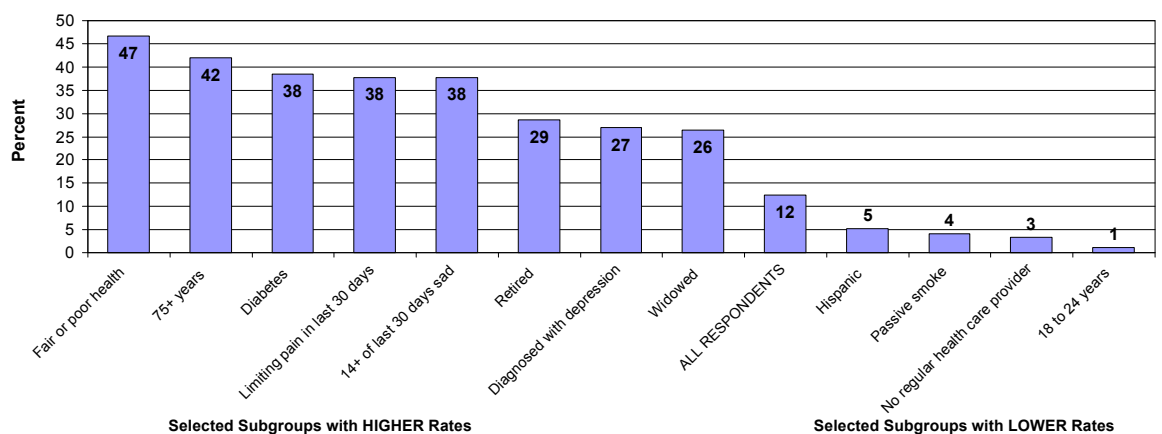


Any Activity Limitation by Income



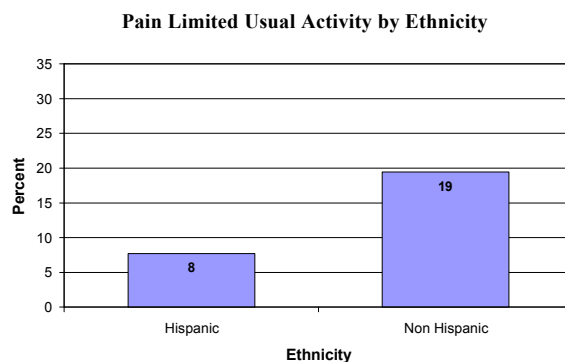
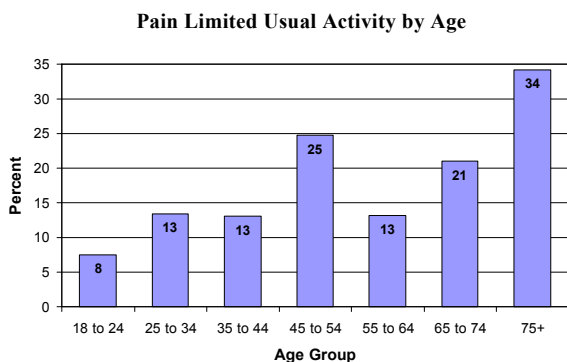
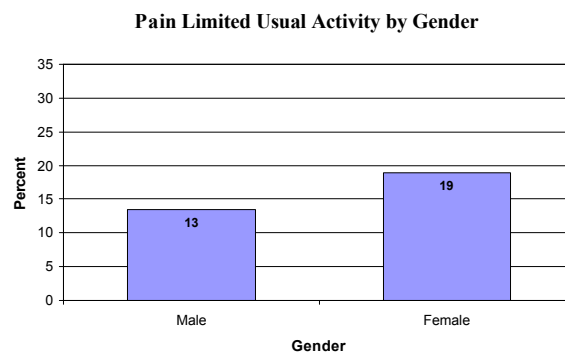
Forty-seven percent of respondents in fair or poor health reported also having an activity limitation. Other factors which appeared to be associated with having an activity limitation include diabetes, limiting pain in the last 30 days, and having been sad/blue/depressed 14 or more of the past 30 days.

Any Activity Limitation by Population Subgroups



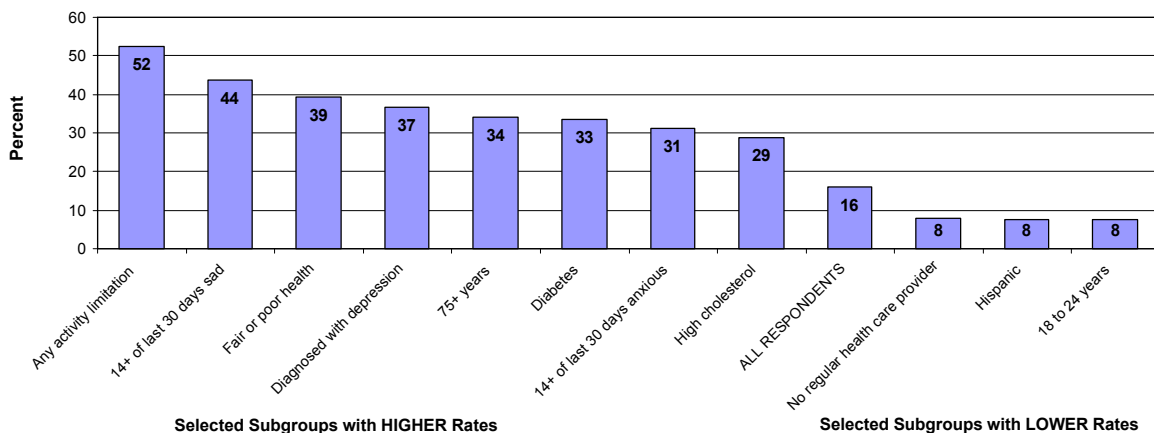
Pain Limited Usual Activity

Sixteen percent of respondents reported having one or more days in the past month where pain limited their usual activities, such as self-care, work, or recreation, which is lower than the percentage reported statewide in 1999 (21%). Females appeared to be at greater risk than males (19% versus 13%), and observed risk for limiting pain varied by age group, with the greatest risk observed among those age 75 and over. Non-Hispanic respondents were twice as likely as Hispanic respondents to report limiting pain.



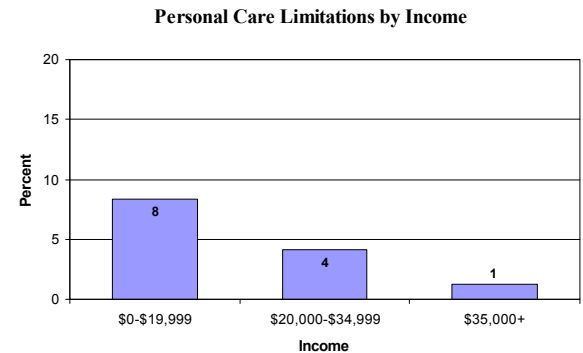
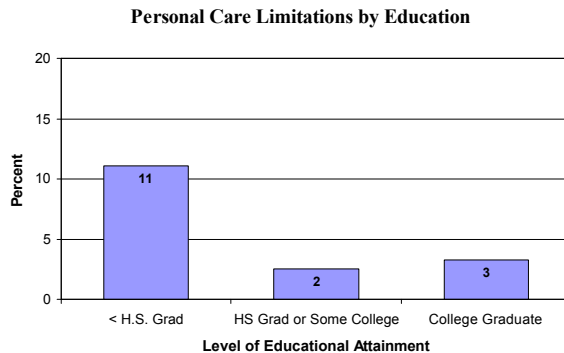
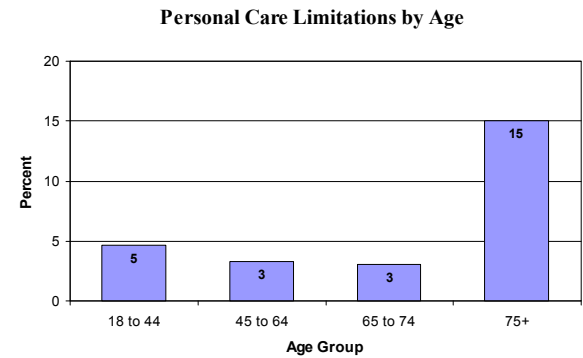
Over half of those reporting an activity limitation also reported that pain had limited their usual activities one or more days during the past month. Other groups which appeared to be at a higher-than-average risk included those who had been sad/blue/depressed for 14 or more of the past 30 days, respondents reporting fair or poor health, and those who had been diagnosed with depression.

Pain Limited Usual Activity by Population Subgroups



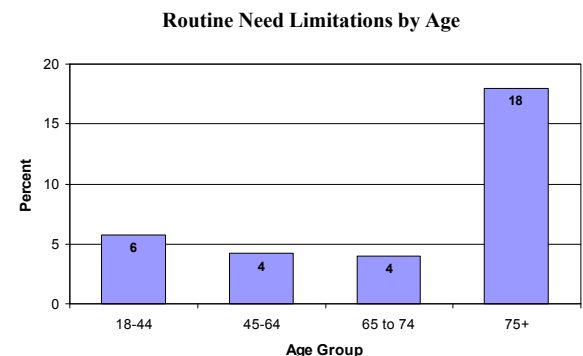
Personal Care Limitations

Five percent of respondents reported that they needed help with personal care needs (such as eating, bathing, dressing, or getting around the house) due to an impairment or health problem, compared to only 1% of respondents statewide (2000). Those aged 75 years and older had the greatest risk for personal care limitations. Comparing levels of educational attainment, those with less than a high school education were most at risk, and risk decreased with increasing income.

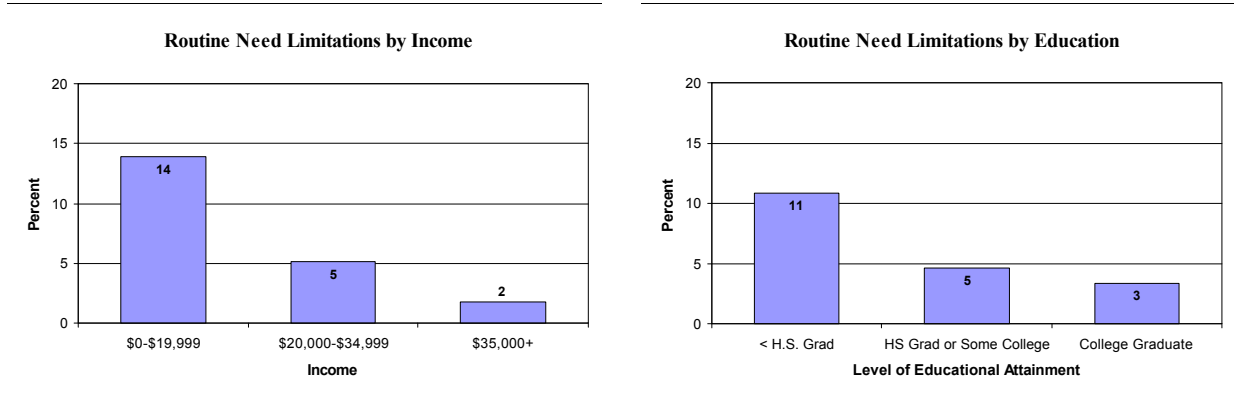


Routine Needs Limitations

Six percent of respondents reported that they needed help with routine needs (such as everyday household chores, doing necessary business, shopping or getting around for other purposes) due to an impairment or health problem, compared to 4% of respondents statewide (2000). Comparing age groups, risk was highest among persons aged 75 and older.



Comparing education levels, those with less than a high school education were most likely to report needing help with routine needs. Looking at income levels, the highest risk was observed among respondents with a household income less than \$20,000 per year.



References

¹ Centers for Disease Control and Prevention. (1999). Disability and Health Branch [On-line]. Available: <http://www.cdc.gov/nceh/programs/cddh/dh/scabout.htm>

Not Enough Rest or Sleep:

Respondents reporting they did not get enough rest or sleep for 14 or more of the past 30 days.

Not Very Healthy and Full of

Energy: *Respondents reporting they did not feel very healthy and full of energy for 14 or more of the past 30 days.*

Worried, Tense, or Anxious:

Respondents reporting they felt worried, tense, or anxious for 14 or more of the past 30 days.

Sad, Blue, or Depressed:

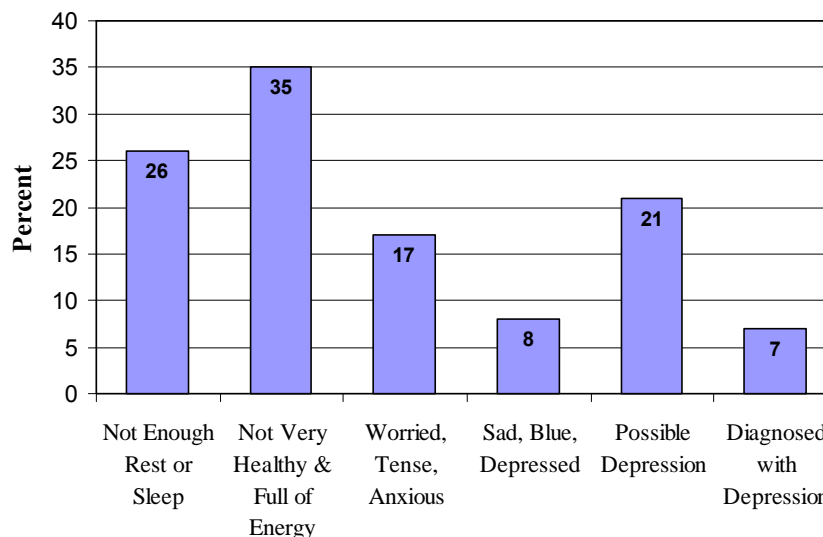
Respondents reporting they felt sad, blue, or depressed for 14 or more of the past 30 days.

Possible Depression:

Respondents reporting that they might have had depression in the past five years.

Diagnosed with Depression: *Respondents reporting that they had been diagnosed with depression in the past five years.*

Mental Health and Quality of Life Risk Factors



MENTAL HEALTH AND QUALITY OF LIFE

Background

Estimates indicate that one in seven women and one in thirteen men will be affected by depression at some point in their life.

Mental health is the successful performance of mental function which results in a productive and fulfilling life from childhood through late life. Mental illness refers collectively to all mental disorders which are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) and which are associated with distress or impaired functioning.¹ Mental disorders include illness such as depression, anxiety disorders, and schizophrenic disorders. The mental health module of the Ford County survey focused on depression, one of the most common and treatable mental illnesses. Depression is characterized by prolonged and unrelenting sadness, loss of interest in activities, fatigue, changes in eating or sleeping patterns, feelings of worthlessness, impaired concentration, and thoughts of death or suicide; however, not all these symptoms must be present for a person to be diagnosed with depression. Because the most common symptoms of depression (sadness, fatigue, appetite change, and sleep change) can be associated with situational alterations in mental health such as grief or stress, persons with depression do not always recognize their symptoms as evidence of a health condition which needs treatment by a professional. Although not usually thought of as fatal, depression is a typical precedent of suicide and has been associated with reduced survival time among persons with a variety of chronic diseases. Its high prevalence, morbidity, under-diagnosis, and good response to treatment make depression an important target for community and professional intervention.

More people are affected by mental illness than is commonly thought. An estimated one in seven women and one in thirteen men will be affected by depression at some point in their life, while anxiety disorders, including panic disorders, posttraumatic stress disorder, obsessive compulsive disorder and phobias, affect an estimated 16 million Americans.²

Four of the ten leading causes of disability for persons age 5 and older are mental disorders.

Mental illness has a large impact on health. The 1999 Surgeon General's report on mental health highlights findings from the *Global Burden of Disease* study which shows that four of the ten leading causes of disability for persons 5 years of age and older are mental disorders.² The report also notes that together all mental illnesses are the second leading cause of disability-adjusted life years next to all cardiovascular conditions. (Disability-adjusted years are years of life lost to premature death and years lived with a disability of specified severity and duration). The report states that the impact of mental illness on health and productivity is markedly under-recognized.

Of individuals with a lifetime history of mental disorder, only four in ten individuals will obtain professional help.

Anxiety disorders and depression are the most common mental illnesses in the United States.³ Of individuals with a lifetime history of mental disorder, only four in ten individuals will obtain professional help, with only one in four receiving help from a mental health professional.² For people who do seek help, most first seek help from a family physician. As such, the National Institute of Mental Health (NIMH) is partnering with the American Academy of Family Physicians in a year-long program to educate physicians so that their patients can benefit from new research on mental illness. In addition, NIMH is conducting Anxiety Disorders and Depression Education Programs to inform the public and health care providers about new treatments available, and to reduce associated stigma so that people feel free to seek treatment.⁴

Six risk factors:

- *Did not get enough rest or sleep*
- *Not very healthy and full of energy*
- *Worried, tense, or anxious*
- *Sad, blue, or depressed*
- *Possible depression*
- *Diagnosed with depression*

The measurement of quality of life is an area of intensive research. The complexity of the factors which contribute to physical, mental, emotional, and spiritual well-being is such that no optimal set of indicators exists to describe quality of life.

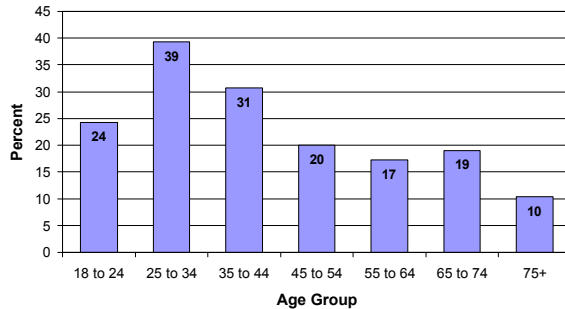
Ford County data was sufficient to use six risk factors to assess quality of life and mental health:

- (1) Respondents who felt they did not get enough rest or sleep for 14 or more of the last 30 days.
- (2) Respondents who did not feel very healthy and full of energy for 14 or more of the last 30 days.
- (3) Respondents who felt they were worried, tense, or anxious for 14 or more of the last 30 days (anxiety).
- (4) Respondents who felt they were sad, blue, or depressed for 14 or more of the last 30 days (depressed mood).
- (5) Respondents who thought that they might have had depression in the past five years.
- (6) Respondents who had been diagnosed with depression in the past five years.

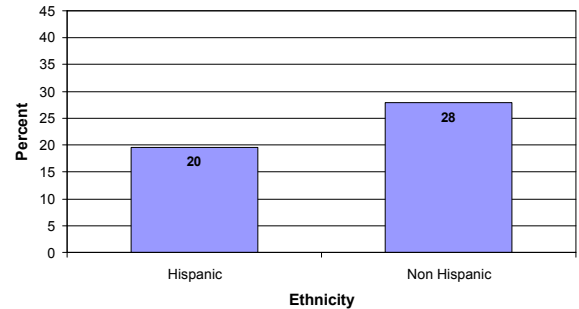
Not Enough Rest or Sleep

Twenty-six percent of respondents reported not getting enough rest or sleep for 14 or more of the past 30 days, which is slightly higher than the 22%, which was reported statewide in 1999. Younger respondents were more likely than older respondents to be at risk, with 39% of respondents aged 25 to 34 not getting enough rest or sleep 14 or more of the past 30 days. A slightly higher percentage of non-Hispanics than Hispanics reported not getting enough rest or sleep for 14 or more of the past 30 days (28% versus 20%).

Not Enough Rest or Sleep by Age

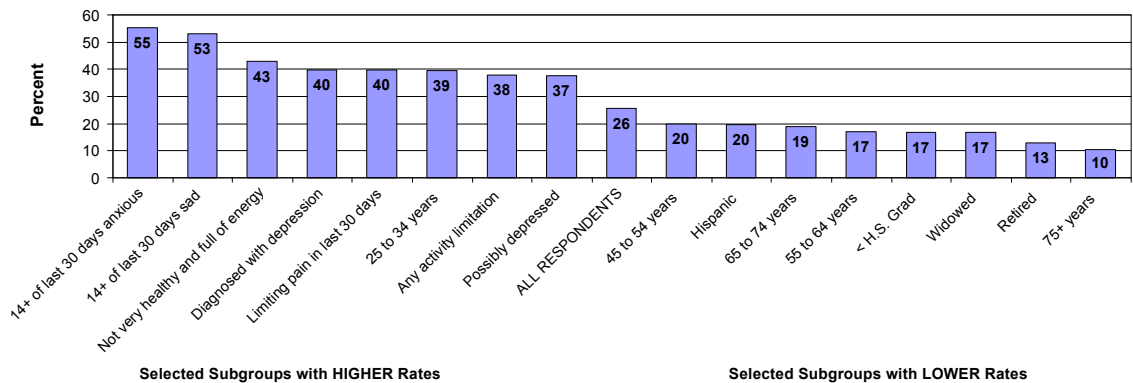


Not Enough Rest or Sleep by Ethnicity



Over half of respondents who had anxiety or depressed mood also reported not getting enough sleep 14 or more of the past 30 days. Those who reported not having been very healthy and full of energy 14 or more of the past 30 days, having been diagnosed with depression in the past five years, and having limiting pain one or more of the past 30 days also appeared to be at a higher risk than the general population.

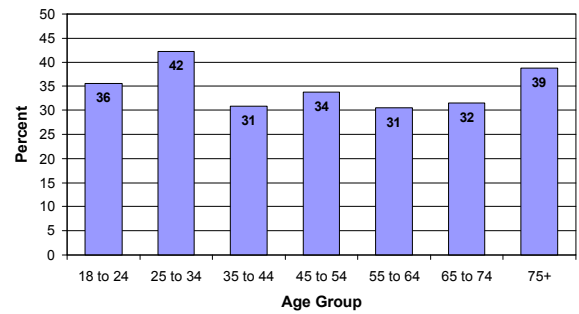
Not Enough Rest or Sleep by Selected Population Subgroups



Not Very Healthy and Full of Energy

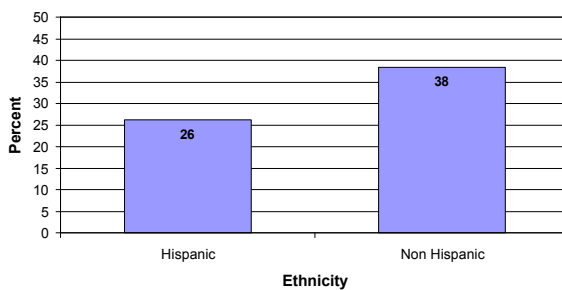
Thirty-five percent of respondents reported not feeling very healthy and full of energy for 14 or more of the past 30 days. This is slightly higher than 32%, which was observed statewide in 1999. Risk varied across age groups (though not significantly), with the highest risk occurring in the 25-34 year old age group (42%).

Not Very Healthy & Full of Energy by Age

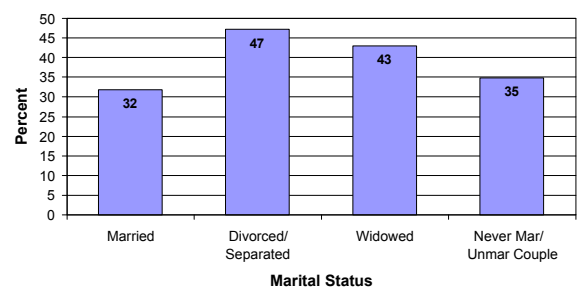


A higher percentage of non-Hispanic respondents were at risk, compared to Hispanic respondents (38% versus 26%). By marital status, divorced or separated respondents had the highest risk (47%) while married respondents had the lowest (32%).

Not Very Healthy & Full of Energy by Ethnicity

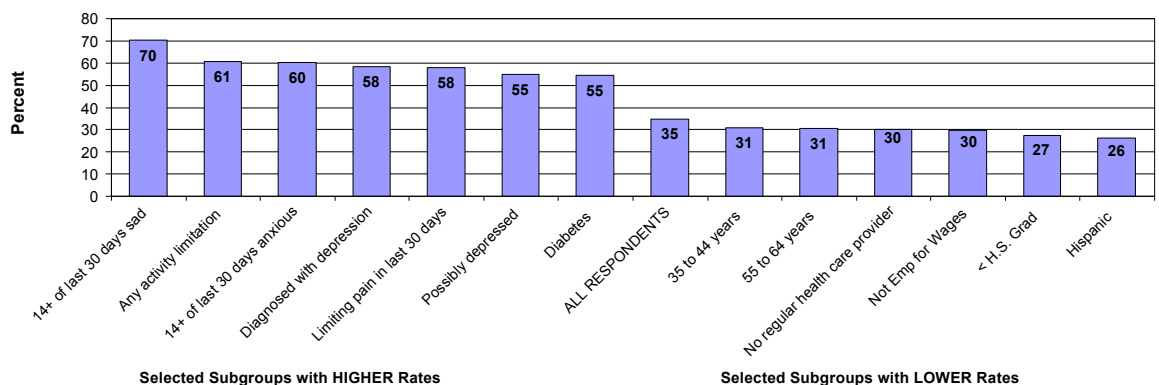


Not Very Healthy & Full of Energy by Marital Status



Seventy percent of respondents with a depressed mood and six out of ten respondents with an activity limitation or anxiety reported feeling not very healthy and full of energy 14 or more of the past 30 days. Having been diagnosed with depression and having limiting pain one or more of the past 30 days also appeared to be associated with this risk factor.

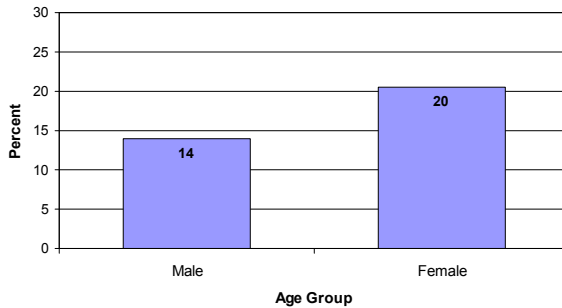
Not Very Healthy & Full of Energy by Selected Population Subgroups



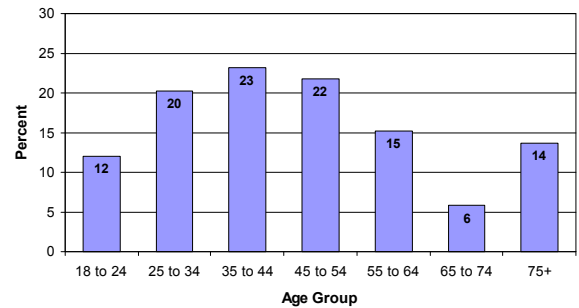
Worried, Tense, or Anxious

Seventeen percent reported being worried, tense, or anxious for 14 or more of the last 30 days (anxiety). This is higher than the 12% observed statewide in 1999. Females reported anxiety more than males (20% versus 14%). Risk varied across age groups, peaking among 35 to 44 year-olds at 23%.

Worried, Tense, Anxious by Gender

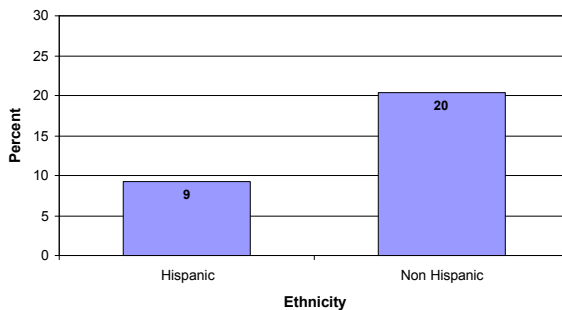


Worried, Tense, Anxious by Age

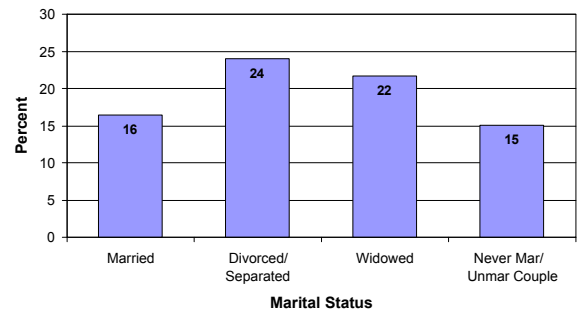


Non-Hispanic respondents were more than twice as likely as than Hispanic respondents to report anxiety (20% versus 9%). Among marital status population subgroups, the highest risk prevalence of anxiety was observed among individuals who were divorced or separated (24%) while the lowest was observed among married respondents (16%).

Worried, Tense, Anxious by Ethnicity

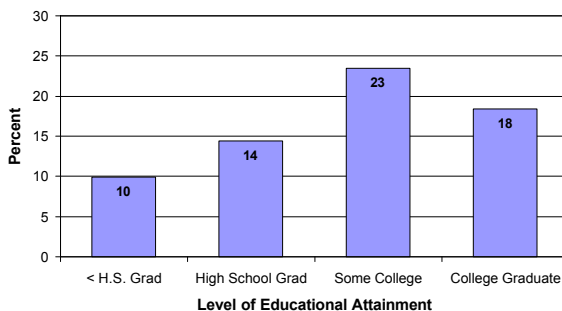


Worried, Tense, Anxious by Marital Status

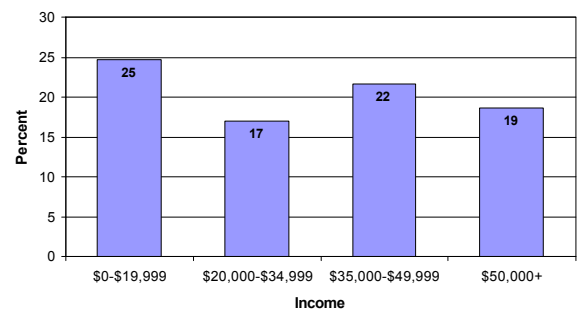


Risk for anxiety varied by level of educational attainment, with the highest reported among those with some college. Among income groups, a slightly higher risk was observed among respondents in households earning less than \$20,000 compared to other income groups.

Worried, Tense, Anxious by Education

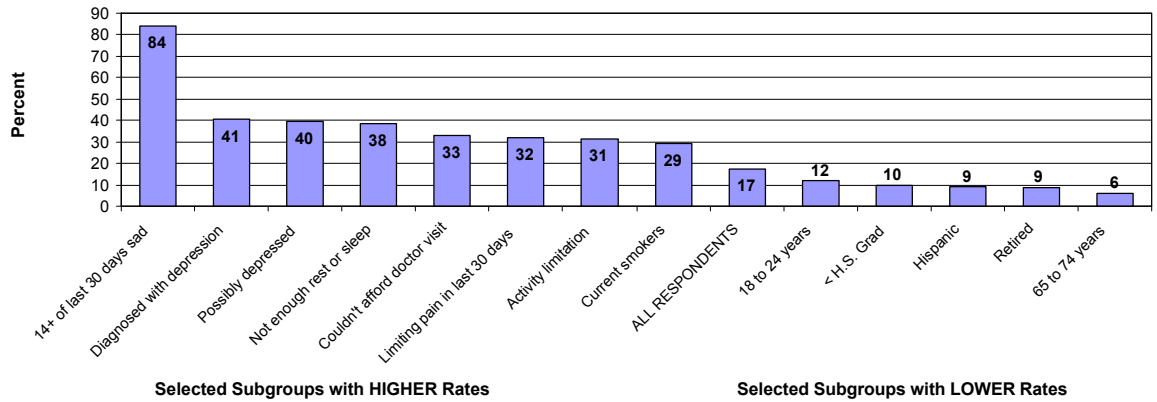


Worried, Tense, Anxious by Income



Eighty-four percent of those who reported a depressed mood also reported anxiety. Other factors which appeared to be associated with anxiety included diagnosed with depression, possibly depressed, not enough rest or sleep, and not being able to see a doctor due to cost.

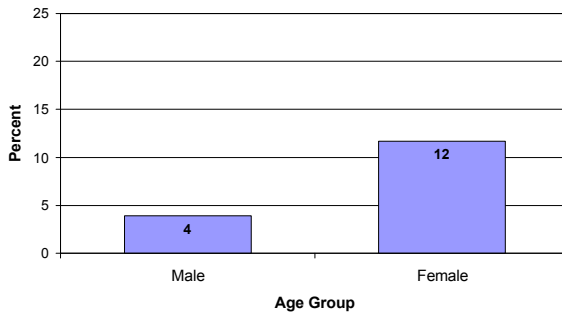
Worried, Tense, or Anxious by Selected Population Subgroups



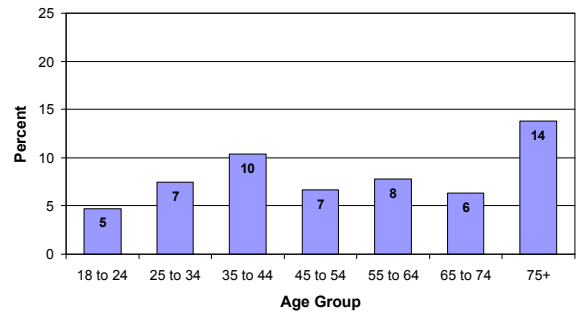
Sad, Blue, or Depressed

Eight percent of Ford County respondents reported being sad, blue, or depressed for 14 or more of the past 30 days (depressed mood). This is similar to the percentage observed statewide in 1999 (5%). Female respondents were three times more likely than male respondents to report depressed mood. Risk varied across the age groups, with the lowest risk observed among 18 to 24 year olds and the highest among respondents age 75 and older.

Sad, Blue, Depressed by Gender

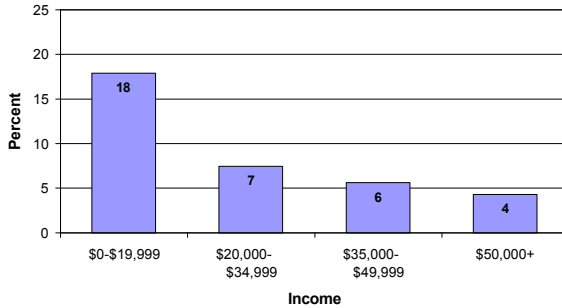


Sad, Blue, Depressed by Age

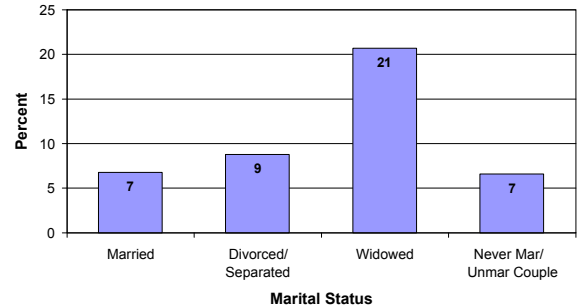


Respondents who were married, never married, or a member of an unmarried couple reported a lower prevalence of depressed mood than widowed respondents. Respondents with a household income less than \$20,000 reported the highest prevalence of depressed mood.

Sad, Blue, Depressed by Income

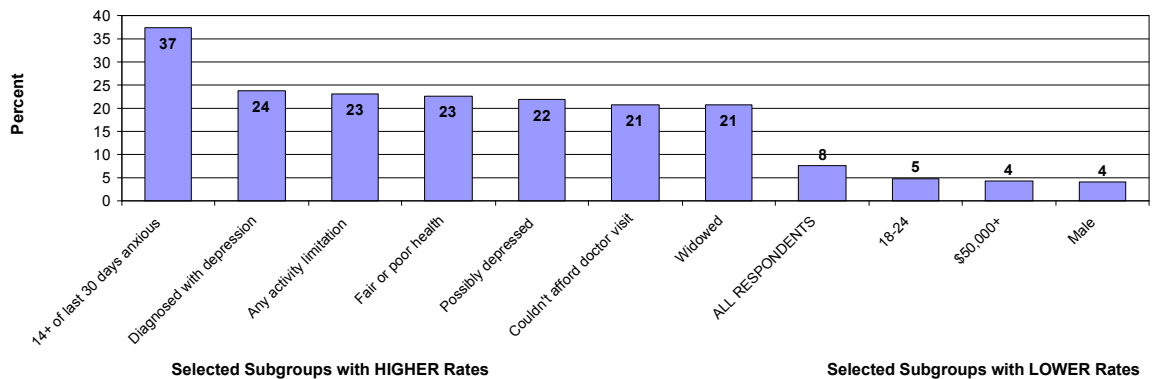


Sad, Blue, Depressed by Marital Status



Nearly four in ten respondents with a depressed mood also reported anxiety. Other factors which appeared to be associated with depressed mood included diagnosed with depression, any activity limitation, fair or poor health, and possibly depressed.

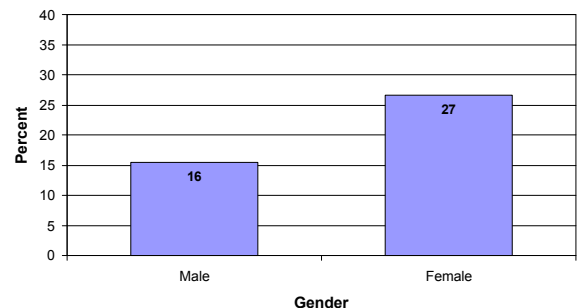
Sad, Blue, or Depressed by Selected Population Subgroups



Possible Depression

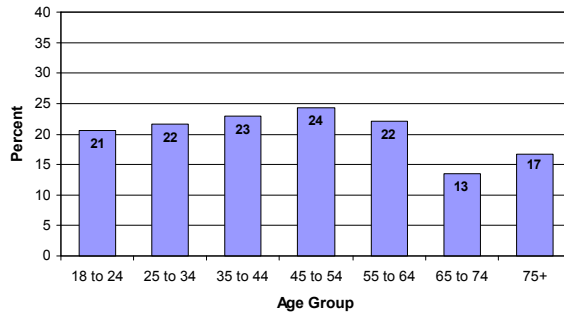
Twenty-one percent of respondents reported possible depression, that is, they thought they might have had depression in the past five years. Females were more likely than males to report possible depression (27% versus 16%).

Possible Depression by Gender

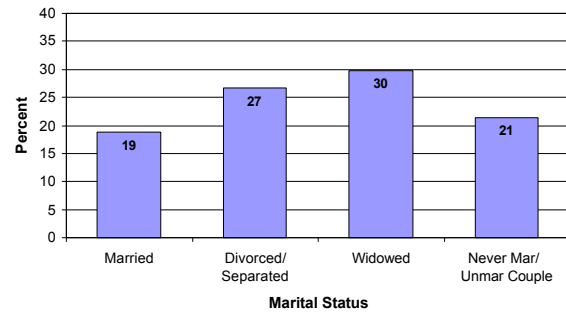


Risk prevalence varied across age groups, with the highest among middle-aged respondents and lowest among respondents aged 65 to 74 years. Among marital status groups, widowed respondents had the highest percent at-risk (30%).

Possible Depression by Age

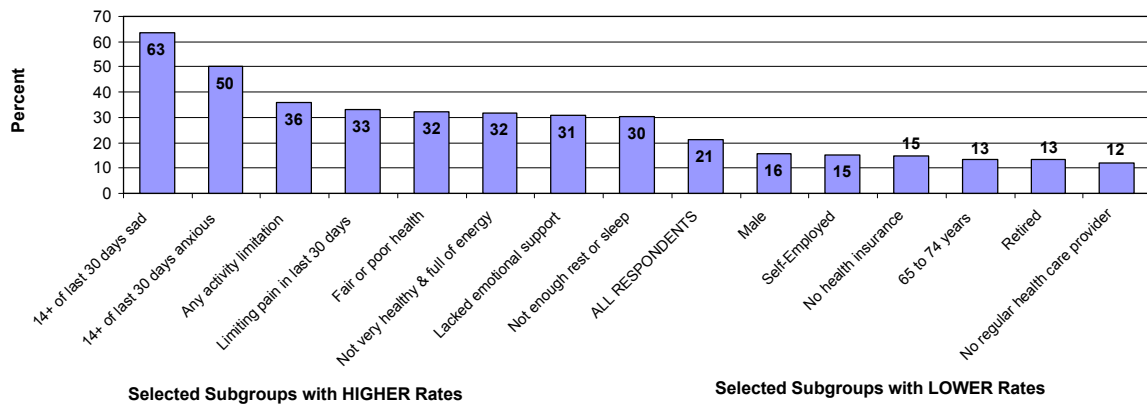


Possible Depression by Marital Status



Sixty-three percent of respondents reporting depressed mood and half of respondents reporting anxiety thought they might have had depression some time in the past five years. Also, higher-than-average percentages of depression were observed among those with an activity limitation, limiting pain one or more of the past 30 days, in fair or poor health, and not very healthy and full of energy 14 or more of the past 30 days.

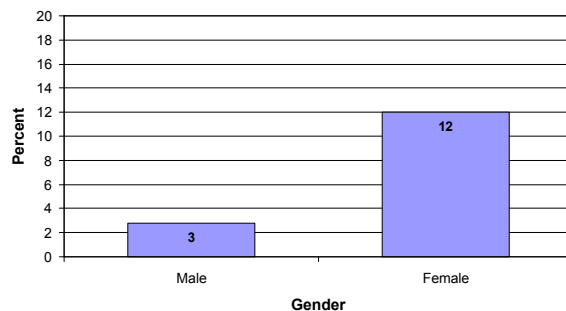
Possible Depression by Selected Population Subgroups



Diagnosed with Depression

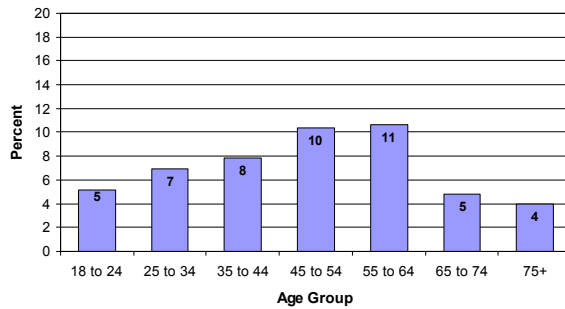
Seven percent of respondents reported being diagnosed with depression in the last five years. Females were more than four times as likely as males to have been diagnosed with depression (12% versus 3%).

Diagnosed with Depression by Gender

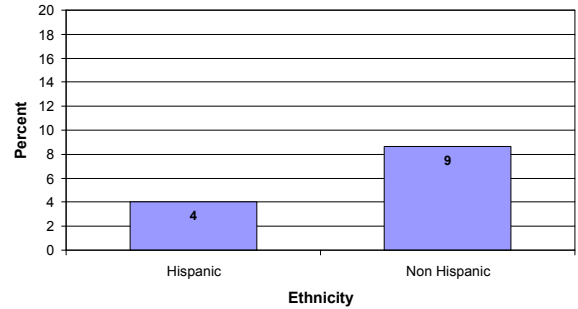


Risk prevalence varied among different age groups, with higher risk observed among middle-aged respondents. Non-Hispanic respondents were twice as likely to have been diagnosed with depression as Hispanic respondents (9% versus 4%).

Diagnosed with Depression by Age

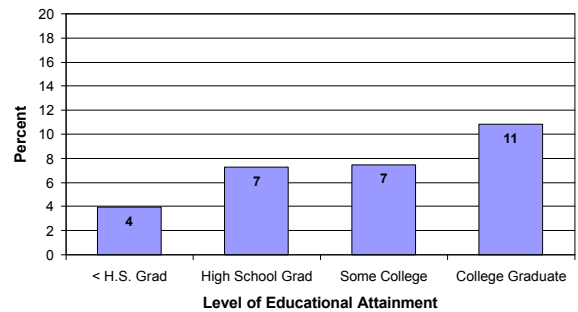


Diagnosed with Depression by Ethnicity

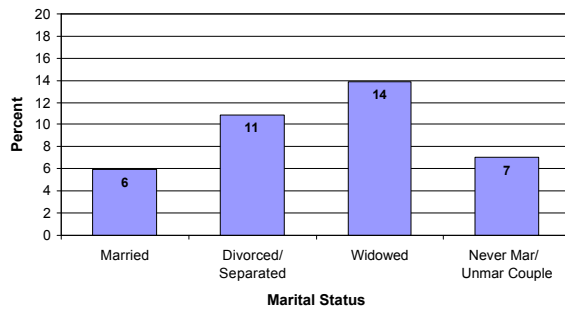


The risk for having been diagnosed with depression increased with increasing levels of educational attainment. Among marital status groups, the highest percentage of at-risk respondents was observed among widowed respondents (14%), while those not currently employed had the highest percentage of respondents diagnosed with depression (16%) among employment stratifications.

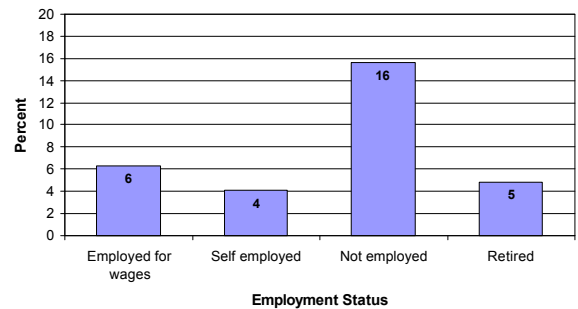
Diagnosed with Depression by Education



Diagnosed with Depression by Marital Status

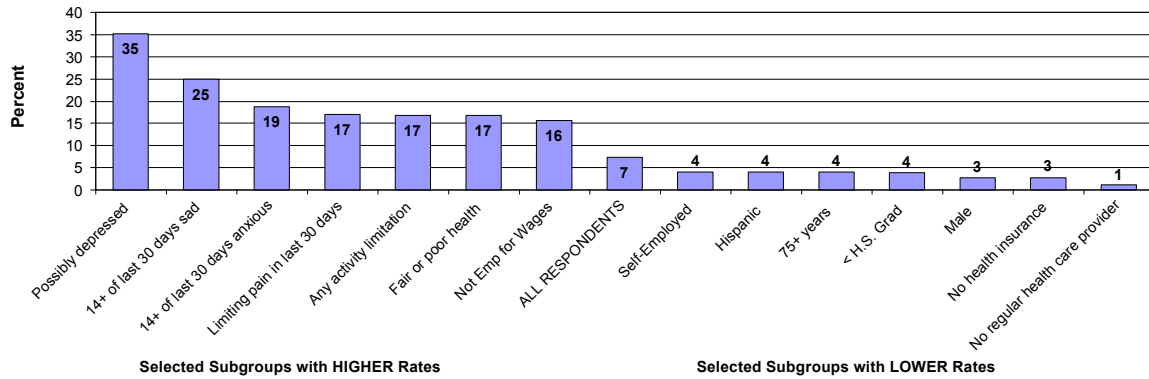


Diagnosed with Depression by Employment



Other risk factors which appeared to be associated with having been diagnosed with depression included possible depression, depressed mood, anxiety, limiting pain one or more of the last 30 days, any activity limitation, and fair or poor health.

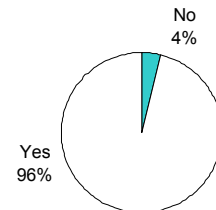
Diagnosed with Depression by Selected Population Subgroups



Treatment for Depression

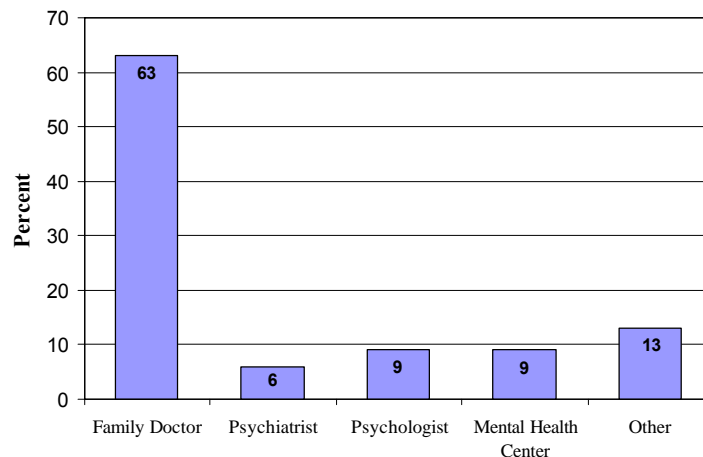
Among those who thought they may have been depressed in the past five years, only 35% were diagnosed with depression. This implies that a significant number of people may not be getting the help they need for mental or emotional problems. Among those who were diagnosed with depression in the past five years, only 4% had not been treated.

Did you receive treatment for your depression?



Among those who did receive treatment, only 24% were treated by a mental health professional. The family physician was the most common source of treatment (63%).

Who treated you for your depression?



References

¹ U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General-Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

² U.S. Department of Health and Human Services. (1998). Mental Health and Mental Disorders. In: Healthy People 2010 Objectives: Draft for Public Comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, p. 23-4.

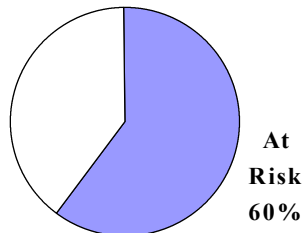
³ HHS Fact Sheet. (June 7, 1999). The Department of Health and Human Services on Mental Health Issues (Press release).

⁴ HHS Fact Sheet. (December 13, 1999). The Department of Health and Human Services on Mental Health Issues (Press release).

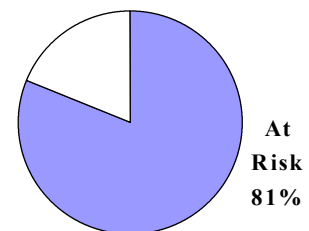
Sedentary Lifestyle: *Persons who do not engage in leisure time physical activity at least three times a week for at least 20 minutes each time.*

No Regular Physical Activity: *Persons who do not engage in leisure time physical activity at least five times a week for at least 30 minutes each time.*

Sedentary Lifestyle



No Regular Physical Activity



PHYSICAL ACTIVITY

Background

Most of the health benefits of physical activity can be achieved with relatively small amounts of activity integrated into the daily routine.

Although underestimated by the public as a health risk, physical inactivity was targeted as one of only four risk behaviors by Healthy Kansans 2000 for statewide improvement. Physical activity improves muscular strength, endurance, flexibility, and cardiovascular health, and delays the onset of physical disability associated with aging. Caloric expenditure associated with physical activity is an important component of weight control. Physical activity has been clearly shown to reduce the risk of premature death and decrease the incidence or impact of a variety of conditions including hypertension, colon cancer, diabetes mellitus, depression, and heart disease. While the benefit associated with physical activity increases with increasing frequency and intensity of activity, most of the health benefits can be achieved with relatively small amounts of activity integrated into the daily routine. Current recommendations suggest that most people should engage in at least 30 minutes of physical activity five to seven days per week (although lesser amounts of activity are beneficial compared to no activity). The activity need not be vigorous (e.g., brisk walking, raking leaves, or gardening have been shown to be beneficial), and need not be done all at once (e.g., three ten minute periods of physical activity is an acceptable alternative to a single activity period of 30 minutes).¹

Risk Factors:

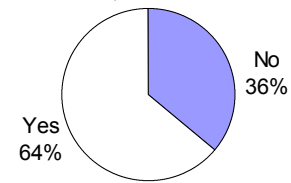
- *Irregular physical activity (failing to obtain the recommended level)*
- *Sedentary lifestyle (failing to obtain the minimum level)*

Physical activity is difficult to measure. For many persons, the type, frequency, pattern, and intensity of their physical activity varies markedly from day to day. The data profiled in this chapter uses self-reported duration and frequency of leisure time physical activity to assess each respondent's level of physical activity; the method requires respondents to provide an average estimate of their physical activity level over the preceding one month period. The data does not account for physical activity associated with employment. Two threshold indicators of physical activity risk are provided which measure (1) the percentage of the population at risk for irregular physical activity (failing to obtain the recommended level of activity – at least 30 minutes, 5 times per week), and (2) the percentage of the population that is sedentary (failing to obtain at least 20 minutes of activity, three times per week).

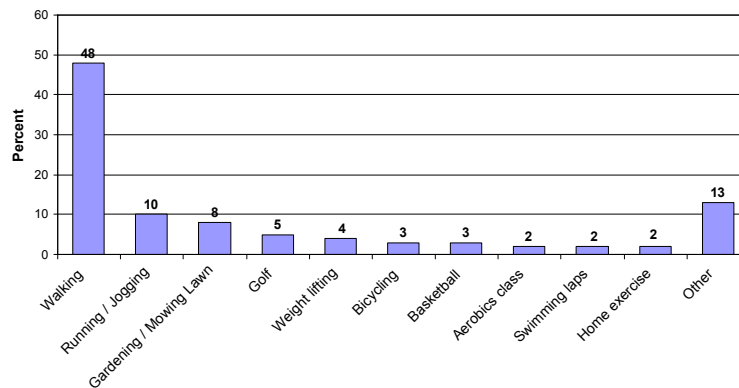
Physical Activity in Ford County

Thirty-six percent of respondents participated in *no* leisure time physical activity in the past month. This is only slightly above the 30% observed statewide in 2000 but well above the 15% Healthy Kansans 2000 objective. Among those who did participate in a physical activity, these were the most common activities: walking, running/jogging, gardening/mowing lawn, golf, and weight lifting.

During the past month, did you participate in any physical activity or exercise?



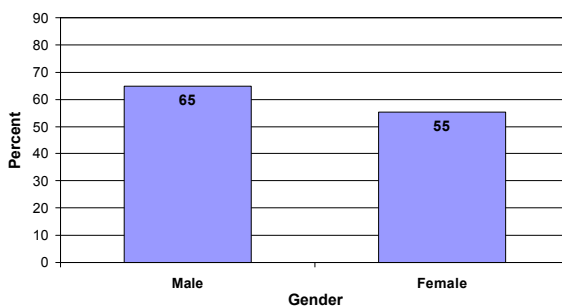
What type of physical activity or exercise did you spend the most time doing during the past week?



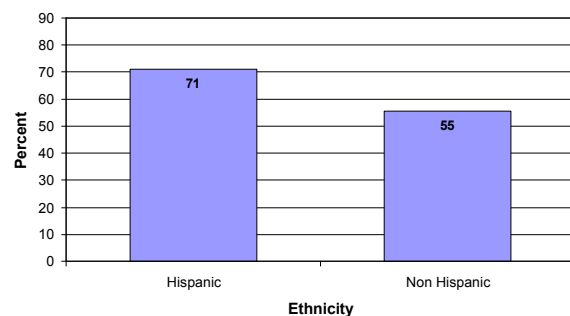
Sedentary Lifestyle

Sixty percent of Ford County respondents were at risk for a sedentary lifestyle. This is slightly less than the percentage observed statewide in 1998 (67%). Males were more likely than females to be sedentary (65% versus 55%), and Hispanics were more likely than non-Hispanics to be sedentary (71% versus 55%)

Sedentary Lifestyle by Gender

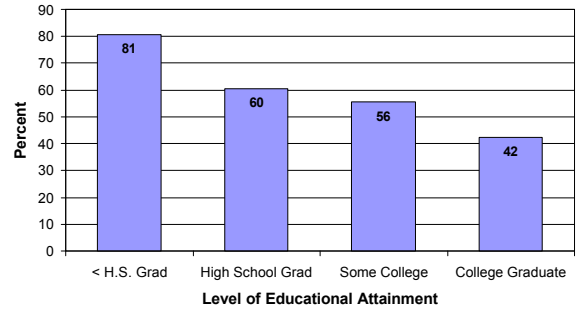


Sedentary Lifestyle by Ethnicity

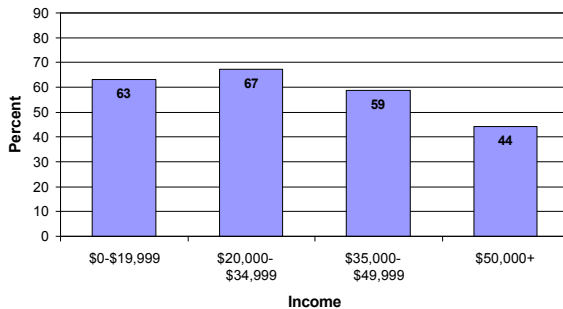


Risk for sedentary lifestyle decreased with increasing levels of educational attainment. Among income groups, risk was lowest among respondents with household incomes greater than \$50,000. Comparing employment groups, the highest risk was observed among those not currently employed.

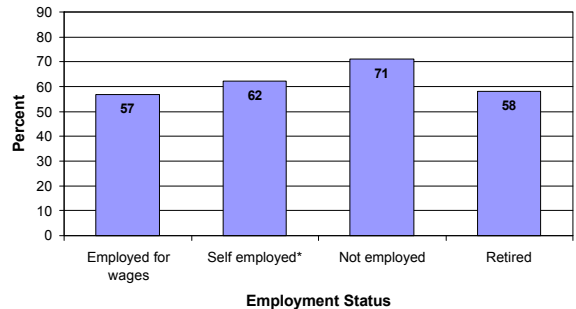
Sedentary Lifestyle by Education



Sedentary Lifestyle by Income

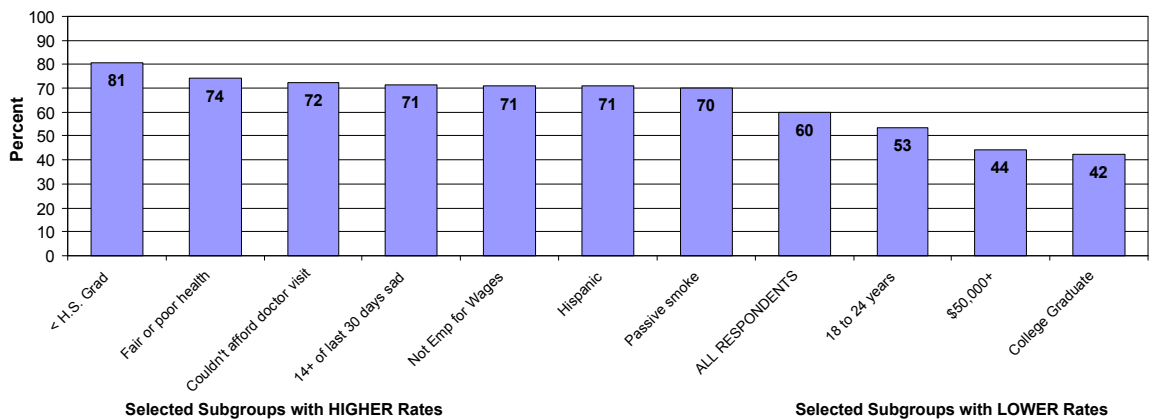


Sedentary Lifestyle by Employment



Other population subgroups who appeared to have a higher-than-average risk for sedentary lifestyle were respondents in fair or poor health, those who could not see a doctor in the past year due to cost, and those who were sad/blue/depressed 14 or more of the past 30 days.

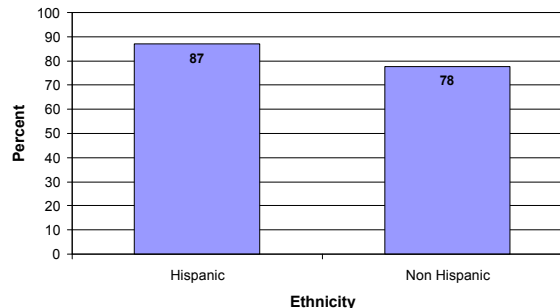
Sedentary Lifestyle by Selected Subpopulations



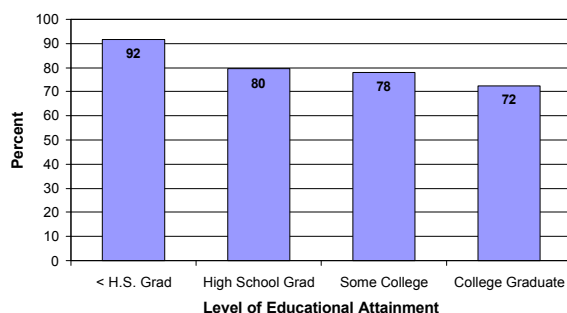
No Regular Physical Activity

Eighty-one percent of respondents were at risk for no regular physical activity. This is comparable to the 82% observed statewide in 2000 but higher than the Healthy Kansans 2000 objective of 60%. Hispanics were more likely to be at risk than Non-Hispanics. Risk appeared to decrease with increasing educational attainment and, comparing income groups, was lowest among those in the highest income group.

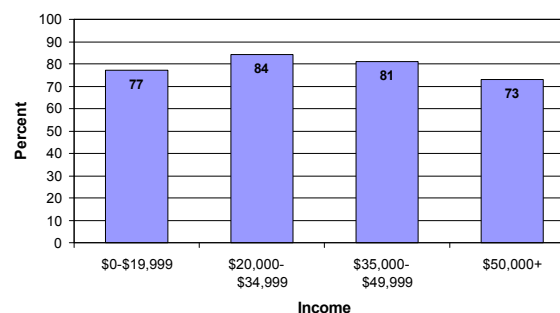
No Regular Physical Activity by Ethnicity



No Regular Physical Activity by Education

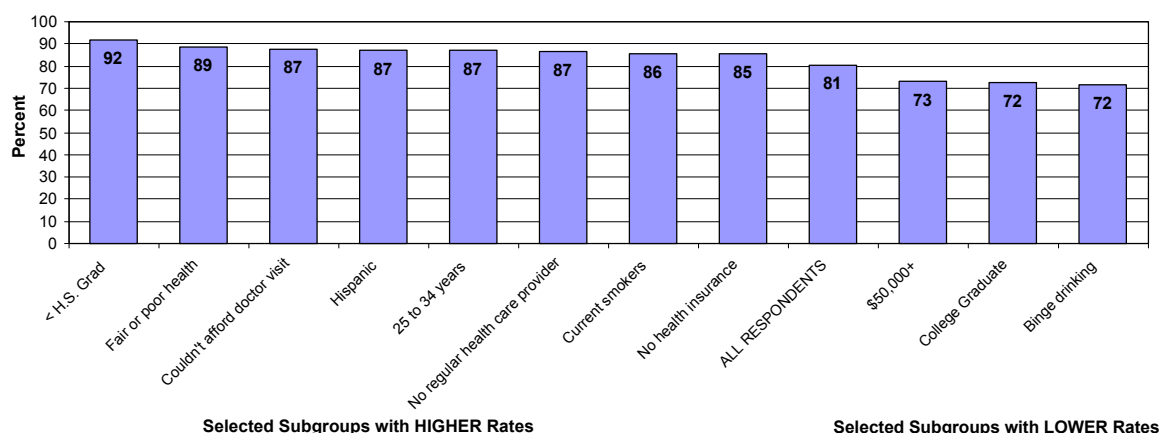


No Regular Physical Activity by Income



Other groups with higher than average risk for no regular physical activity included respondents in “fair” or “poor” health, those who were unable to see a doctor due to cost, those without a regular health care provider, and current smokers.

No Regular Physical Activity by Selected Subpopulations



Reference

¹ U.S. Department of Health and Human Services. (1996). Physical activity and health: a report of the surgeon general. (DHHS Publication No. 017-023-00196-5). Atlanta, GA: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Failed to Always Use Safety Belt:

Respondents who reported they do not “always” use a safety belt when they drive or ride in a car.

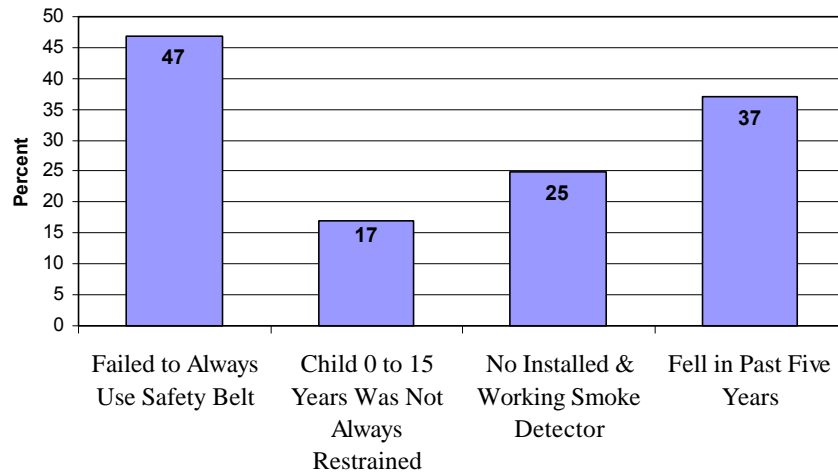
Child Aged 0 to 15 Years Was Not Always Restrained:

Oldest child between the ages of 0 to 15 was not “always” restrained in a car safety seat (ages 0 to 4) or a safety belt (ages 5 to 15), as reported by adult respondent.

No Installed & Working Smoke Detector:

Respondents who reported not having an installed & working smoke detector

Injury Prevention Risk Factors



Fell in Past Five Years: *Respondents aged 65 and older who reported they had fallen in the last five years.*

INJURY PREVENTION

Background

Many injuries are not “accidents”; rather, most injuries are preventable.

Widespread human damage is too often taken for granted in the erroneous belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents,” of random, uncontrollable acts of fate; rather, most injuries are predictable and preventable.

*U.S. Department of Health and Human Services. (2000).
Healthy People 2010, Conference Edition.*

31% of children aged 0 to 3 involved in Kansas traffic accidents from 1995 to 1998 were not properly restrained in a child safety seat.

Unintentional injuries are the leading cause of death in Kansas for persons aged 1 to 44 years. Motor vehicle crashes are the leading cause of unintentional injury death, accounting for approximately half of the deaths due to unintentional injury. Each year, over 500 persons are killed¹ and over 30,000 people are injured² in motor vehicle crashes in Kansas. It has been estimated that the proper use of safety belts by adults can significantly reduce the risk of death in a motor vehicle crash³, and the correct use of a child safety seat can reduce the risk of death for children.⁴

62% of persons killed in Kansas traffic accidents (1990-1998) were not wearing safety restraints.

During 1995-1998, 16% of persons involved in Kansas motor vehicle crashes were not wearing safety restraints; 31% of children under age 4 involved in accidents were not properly restrained in a child safety seat.⁵ Among those involved in motor vehicle crashes, those *without* safety restraints were much more likely to be injured than those *with* safety restraints (33% versus 14%).⁵ Sixty-two percent of persons killed in Kansas traffic accidents (1990 to 1998) were not wearing safety belts.²

Children aged 4 years and younger have twice the fire death rate of the general population.

Nationwide in 1997, there were 3,220 deaths as a result of residential fires.⁶ Compared to the total population, children aged 4 years and younger have twice the fire death rate.⁶ Children are disproportionately affected because they react less effectively to a fire emergency than adults and because they can sustain more severe burns at lower temperatures. Two-thirds of fire-related deaths and injuries among children under age 5 years occur in homes without working smoke alarms.⁷ Working smoke alarms on every level and in every sleeping area of a home can provide residents with sufficient warning to escape from nearly all types of fires. If a fire occurs, homes with smoke alarms are roughly half as likely to have a death occur as homes without smoke alarms.⁷

Falls are the second leading cause of injury deaths among adults aged 65 years and older.

In 1996, falls became the second leading cause of injury deaths among adults aged 65 years and older. Falls are the most common cause of injuries and hospital admissions for trauma among elderly persons. Since most fractures are the result of falls, understanding factors that contribute to falling is essential to designating effective intervention strategies. Alcohol use has been implicated in 35 to 63 percent of deaths from falls.⁸ For persons aged 65 years and older, 60 percent of fatal falls occur in the home, 30 percent occur in public places, and 10 percent occur in health care institutions. The most serious fall-related injury is hip fracture. Approximately 212,000 hip fractures occur each year in the United States among adults aged 65 years and older; 75 to 80 percent of all hip fractures are sustained by females.⁹ The impact of these injuries on the quality of life is enormous. Half of all elderly adults hospitalized for hip fracture cannot return home or live independently after the fracture. Factors that contribute to falls include difficulties in gait and balance, neurological and musculoskeletal disabilities, psychoactive medications, dementia, and visual impairment.¹⁰ Environmental hazards such as slippery surfaces, uneven floors, poor lighting on stairs, loose rugs, unstable furniture, grab bars in bathrooms, and objects on floors also may play a role.

Risk factors:

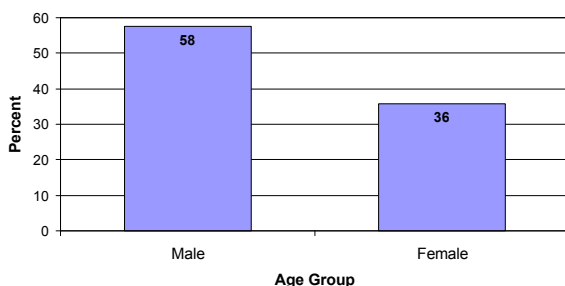
- Adults who failed to always use safety belt
- Child was not always restrained in safety seat or seat belt
- No Installed & Working Smoke Detector
- Fell in Past Five Years

Four risk factors are featured in this chapter: adults who failed to always use a safety belt, child age 0 to 15 years was not always restrained, no installed and working smoke detector, and adults aged 65 years and older who fell in the past five years.

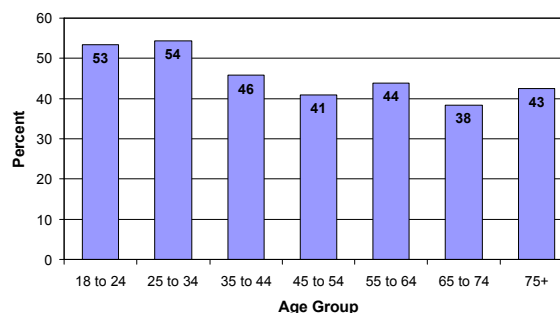
Adults at Risk for Not Always Wearing Safety Belt

Forty-seven percent of respondents in Ford County reported that they did not “always” use a safety belt when riding or driving in a car. This is higher than the percentage reported in Kansas in 1999 (38%) and the U.S. median prevalence (31% in 1997). In Ford County, males were at a greater risk than females for not always wearing a safety belt, and risk tended to be higher among younger respondents.

Adults Failed to Always Use Safety Belt by Gender

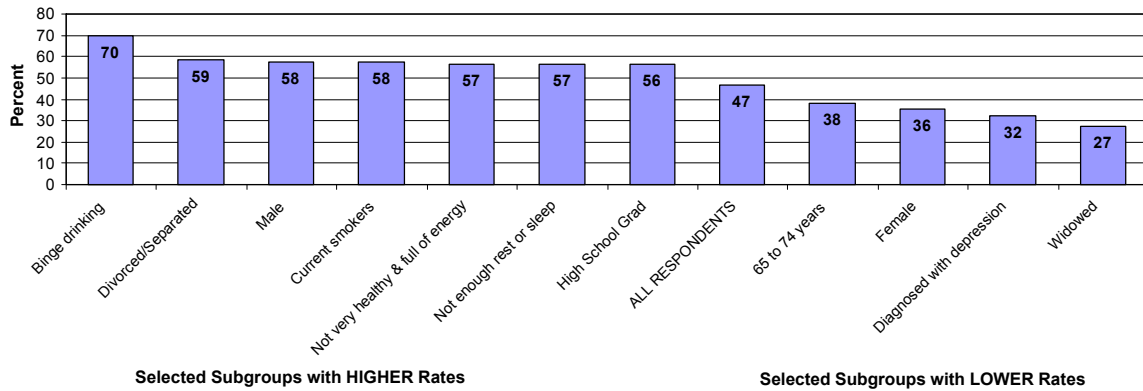


Adults Failed to Always Use Safety Belt by Age



Seventy percent of those at risk for binge drinking did not always wear a safety belt when driving or riding in a car. Other groups who appeared to be at higher than average risk included those who were divorced or separated and current smokers.

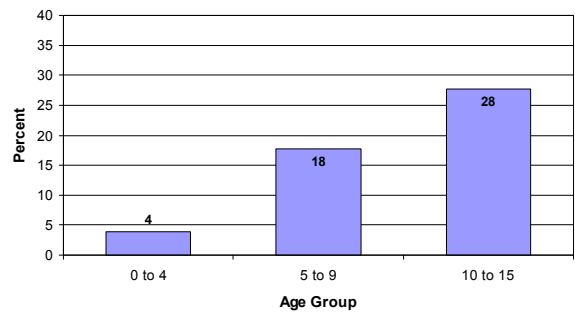
Adults Failed to Always Use Safety Belt by Selected Population Subgroups



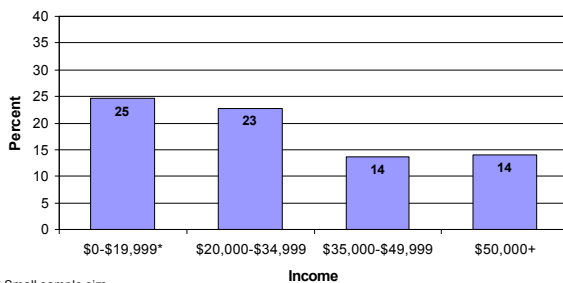
Children at Risk for Not Always Wearing Safety Restraint

Seventeen percent of children in Ford County aged 0 to 15 were reported to not “always” be restrained with a safety seat or safety belt while riding in a car. This is slightly higher than the median U.S. prevalence of 15% in 1997 and the statewide percentage of 13% in 1999. Risk increased with the age of the child. Comparing household incomes, risk was greater for children in households with an annual income less than \$35,000. Comparing marital status categories, children in households where the respondents were divorced or separated were at the greatest risk.

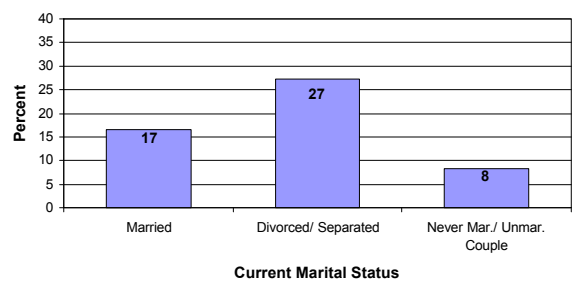
Child Failed to Always Use Safety Restraint by Age



Child Failed to Always Use Safety Restraint by Household Income



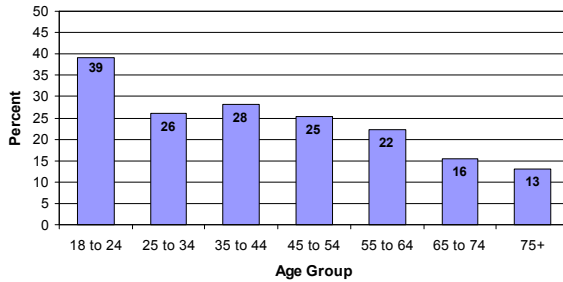
Child Failed to Always Use Safety Restraint by Marital Status of Adult Respondent



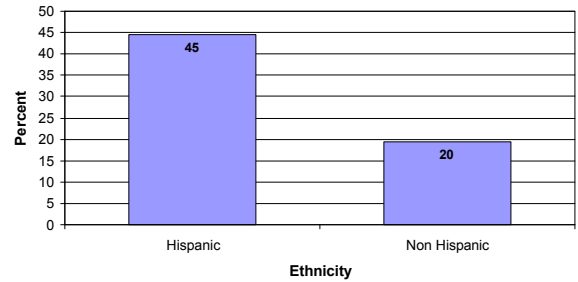
No Installed & Working Smoke Detector

Twenty-five percent of Ford County responding households did not have an installed and working smoke detector. Risk appeared to decrease with increasing age of the respondent. Over twice the risk was observed in households with Hispanic respondents compared to households with non-Hispanic respondents.

No Installed & Working Smoke Detector
by Age of Respondent

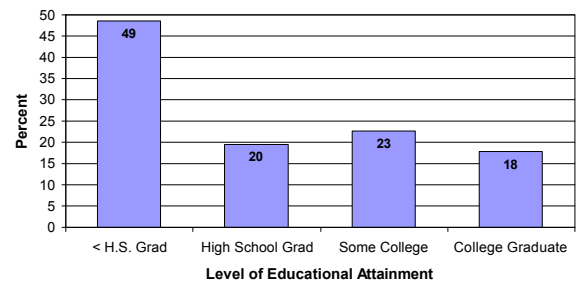


No Installed & Working Smoke Detector
by Ethnicity of Respondent

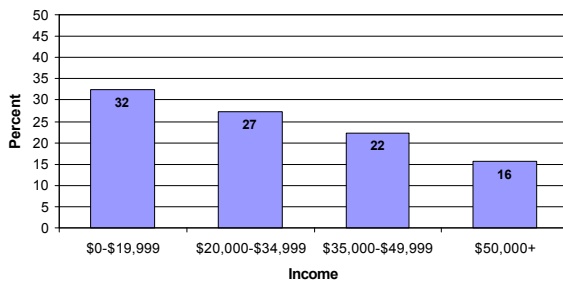


Risk generally decreased with increasing educational attainment of the respondent and increasing household income. Comparing employment categories, household risk was greatest when the adult respondent was not currently employed.

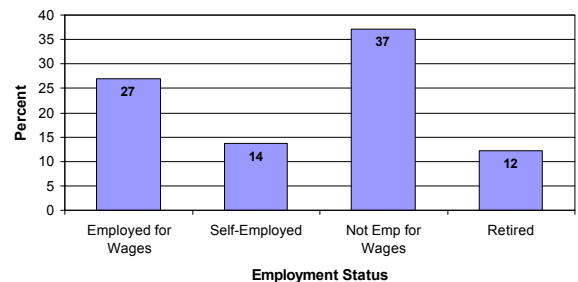
No Installed & Working Smoke Detector
by Education of Respondent



No Installed & Working Smoke Detector
by Income

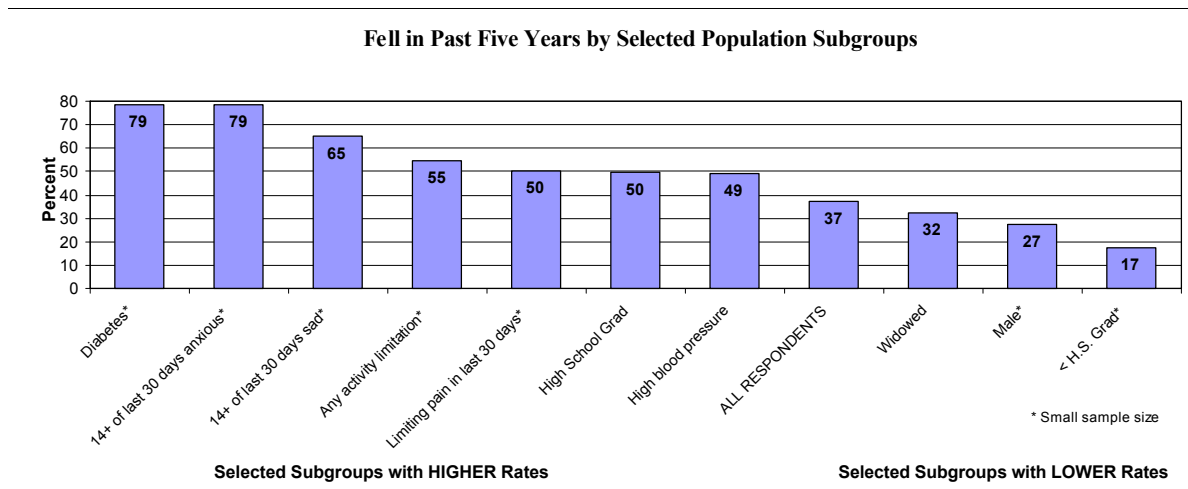
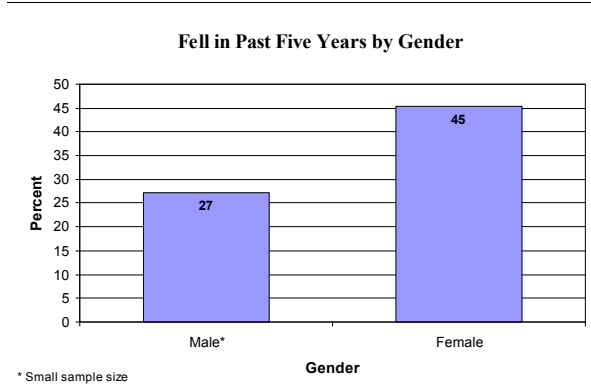


No Installed & Working Smoke Detector
by Employment of Respondent



Fell in Past Five Years

Thirty-seven percent of respondents aged 65 years and older reported having fallen in the past five years. A substantially higher risk was observed among female versus male respondents. Other population subgroups who appeared to be at a higher-than-average risk included respondents reporting diabetes, anxiety, depressed mood, any activity limitation, and limiting pain.



References

- ¹ Kansas Department of Health and Environment, Office of Health Care Information. (2001) 1999 annual summary of vital statistics.
- ² Kansas Department of Department of Transportation, Kansas Accident Records System. (1990-1999) Electronic resource.
- ³ Final Rule, FMVSS 208: occupant crash protection, 49 CFR, part 451. (1984) Washington D.C.: National Highway Traffic Safety Administration.
- ⁴ Kahane CJ. (1986) An evaluation of child passenger safety: the effectiveness and benefits of safety seats (summary). Washington, D.C.: National Highway Traffic Administration; DOT publication no. (DOT HS) 806-889.
- ⁵ Kansas Department of Health and Environment, Office of Local and Rural Health. (2001). Kansas county health profile.
- ⁶ U.S. Department of Health and Human Services. (2000) Healthy people 2010: understanding and improving health.

⁷ Hall, J.R. The U.S. Fire Problem and Overview Report. Leading causes and other patterns and trends. Quincy, MA: NFPA as cited in U.S. Department of Health and Human Services. *Healthy People 2010 (Conference Edition, in Two Volumes).* Washington, DC: January 2000. <http://www.health.gov/healthypeople>

⁸ Hingson, R., and Howland, J. (1993). Alcohol and Non-Traffic Unintentional Injuries. *Addiction* 88(7): 877-883 as cited in U.S. Department of Health and Human Services. *Healthy People 2010 (Conference Edition, in Two Volumes).* Washington, DC: January 2000. <http://www.health.gov/healthypeople>

⁹ Cummings, S.R.; Rubin, S.M.; and Black, D. (1990). The future of hip fractures in the United States. Numbers, costs, and potential effects of postmenopausal estrogen. *Clinical Orthopedics* 252:163:166 as cited in U.S. Department of Health and Human Services. *Healthy People 2010 (Conference Edition, in Two Volumes).* Washington, DC: January 2000. <http://www.health.gov/healthypeople>

¹⁰ Tinetti, M.E., and Speechley, M. (1989). Prevention of Falls Among the Elderly. *New England Journal of Medicine* 320(16) 1055-1059 as cited in U.S. Department of Health and Human Services. *Healthy People 2010 (Conference Edition, in Two Volumes).* Washington, DC: January 2000. <http://www.health.gov/healthypeople>

Afraid to Leave Home at Night:

Respondents who reported being very, somewhat, or a little afraid to leave their home at night.

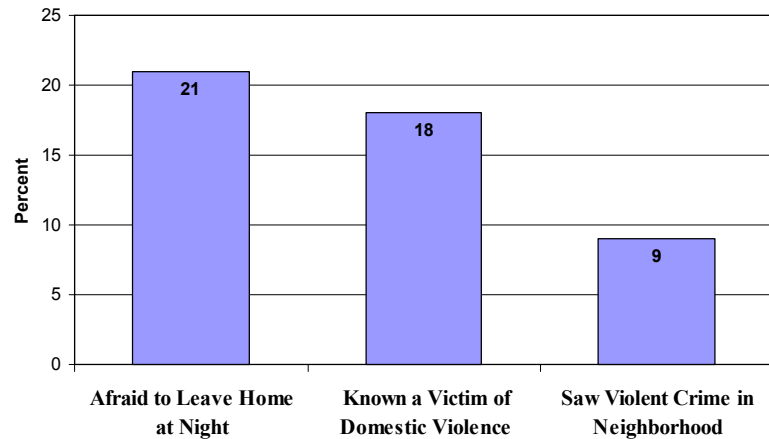
Known a Victim of Domestic

Violence: *Respondents who reported that they have known or seen someone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend during the past year.*

Saw Violent Crime in

Neighborhood: *Respondents who reported they saw a violent crime (someone hurting or trying to hurt someone else) in the past year in their neighborhood.*

Violence & Crime



VIOLENCE AND CRIME

Background

Violence has no simple cause; rather, it is the end result of myriad contributing factors.

Every violent crime involves at least three tragedies: that of the victim who may or may not completely heal his or her physical and emotional injuries; that of the perpetrator, whether juvenile or adult, whose choice to hurt others is self-destructive; and that of the community where bonds of trust and security, which create attachment to the community, are strained or broken. Violence has no simple cause; rather, it is the end result of myriad contributing factors including exposure to media violence, tolerance for violence in the home and in schools, alcohol and drug use, mental illness, easy access to weapons, lack of appropriate role models, poor parenting, poverty and injustice, lack of supervision of juveniles, social ostracism, and even boredom.^{1,2}

Risk factor measuring affect of violence on personal security

- *Afraid to Leave Home at Night*

Risk factors measuring exposure to violence

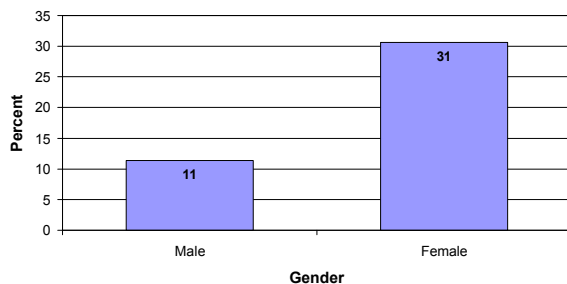
- *Known a Victim of Domestic Violence*
- *Saw Violent Crime in Neighborhood*

While the data presented here cannot define and measure each of the many contributing factors, it does provide some baseline measures for the prevalence of violence and the impact violence has on community residents. One of the questions from the survey: *How afraid are you to leave your home at night?* directly measures the effect of violence on personal security. Two other questions - *When was the last time you saw a violent crime in your neighborhood?* and *During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?* - are measures of exposure to violence and act as indirect indicators of the prevalence of violence. (Note: Questions which ask persons about their own violent behavior are unlikely to give accurate results, and questions about personal victimization by domestic violence may pose a threat to the respondent, so they are not asked during routine surveying. In responding to the question *During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?* some persons appear to include themselves in the answer and others do not, so the question cannot be considered an accurate measure of domestic violence prevalence, yet may be sufficiently consistent over time to be a usable marker.)

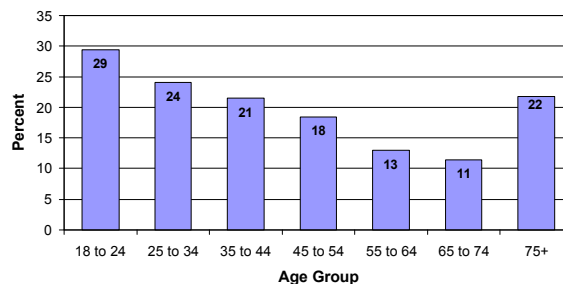
Afraid to Leave Home at Night

Twenty-one percent of respondents reported being very, somewhat, or a little afraid to leave home at night. Women were nearly three times as likely as men to report being afraid to leave home at night (31% versus 11%). Comparing age groups, risk decreased within increasing age until the 75 years and older age group.

Afraid to Leave Home at Night
by Gender

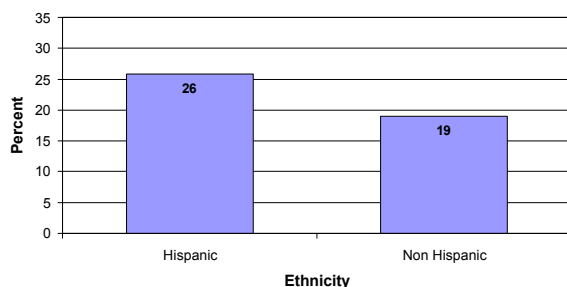


Afraid to Leave Home at Night
by Age

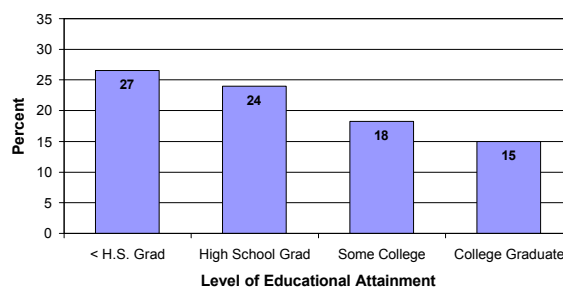


Fear of leaving home at night was higher among Hispanic respondents compared to non-Hispanic respondents, and risk tended to decrease with increasing levels of educational attainment.

Afraid to Leave Home at Night
by Ethnicity

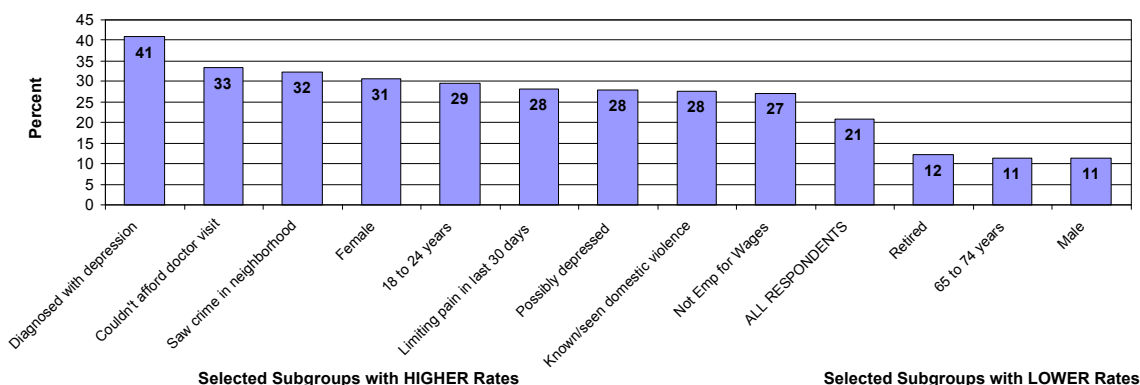


Afraid to Leave Home at Night
by Education



Other respondent groups who had higher-than-average risk included those who had been diagnosed with depression, saw a crime in the neighborhood, and had known or seen a victim of domestic violence.

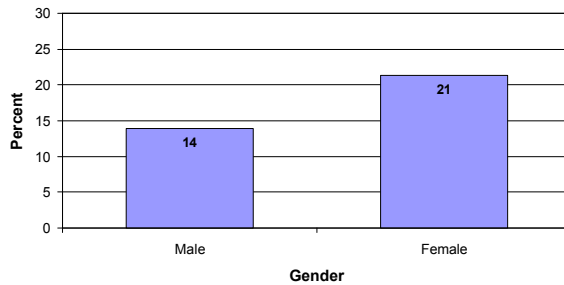
Afraid to Leave Home at Night by Selected Population Subgroups



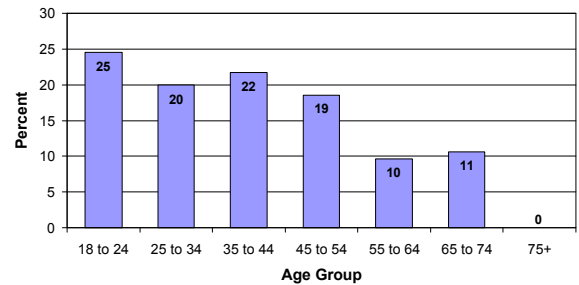
Known a Victim of Domestic Violence

Eighteen percent reported having known or seen someone who was beaten or otherwise hurt by a husband, wife, boyfriend, or girlfriend during the past year. This was lower than the percentage observed statewide in 1996 (30%). Females were more likely than males to report having known or seen a victim of domestic violence, and risk generally decreased with age of the respondent.

Known a Victim of Domestic Violence by Gender

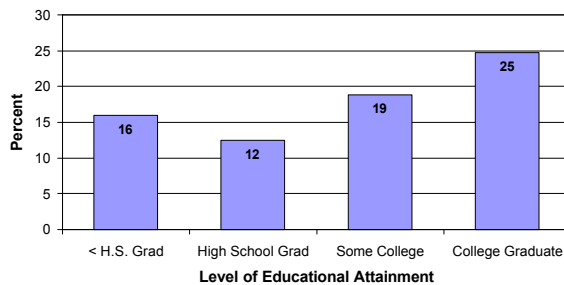


Known a Victim of Domestic Violence by Age

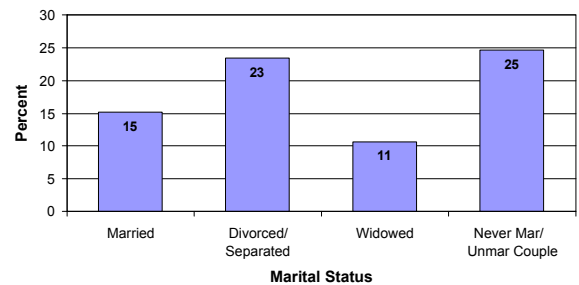


Risk generally increased with increasing educational attainment, with 25% of college graduates reporting having known or seen a victim of domestic violence. Comparing the marital status of respondents, higher risk prevalence was observed among those who were divorced, separated, never married, or part of an unmarried couple than married or widowed respondents.

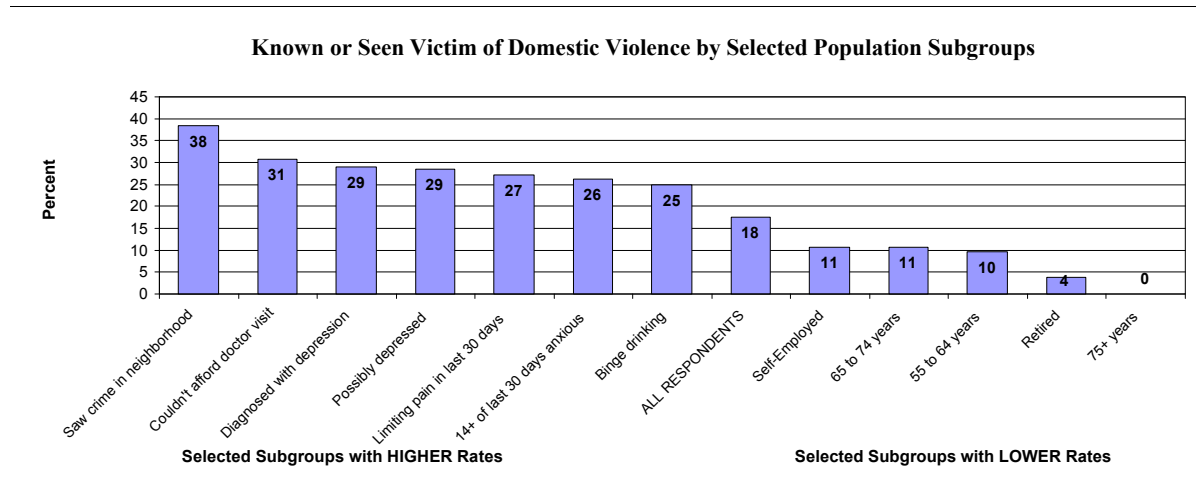
Known a Victim of Domestic Violence by Education



Known a Victim of Domestic Violence by Marital Status

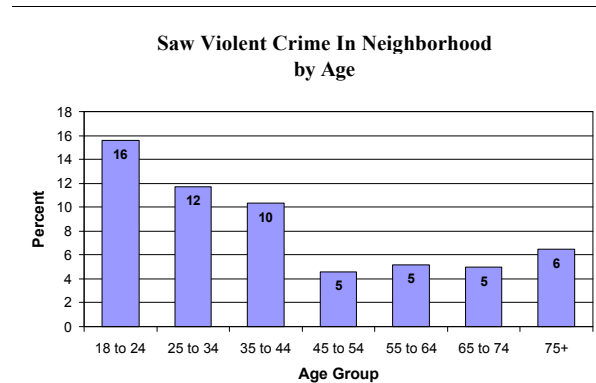
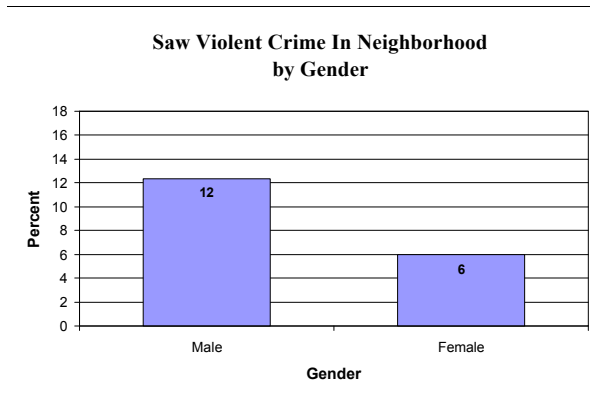


Other risk factors associated with a higher-than-average risk for having known or seen a victim of domestic violence included seen a violent crime in the neighborhood, diagnosed with depression, possibly depressed, and binge drinking.



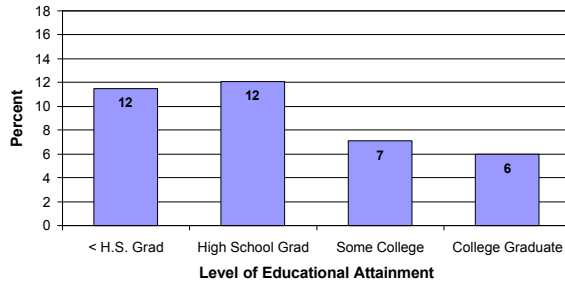
Saw a Violent Crime in Neighborhood

Nine percent of respondents reported having witnessed a violent crime in their neighborhood during the past year, which is comparable to the percentage reported for the state in 1996 (8%). Males were twice as likely as females to report witnessing a violent crime in the past year (12% versus 6%), and risk was higher among younger age groups, with 16% of 18- to 24-year-olds at risk.

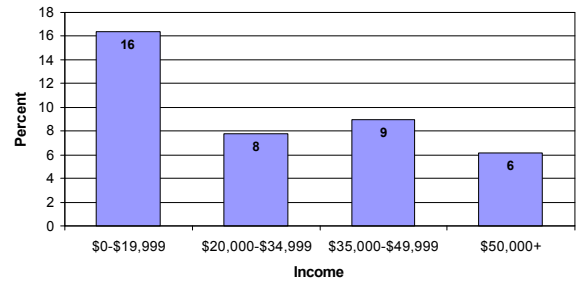


Those with higher levels of educational attainment and household income tended to be less likely to have seen a violent crime in their neighborhood in the past year.

**Saw Violent Crime In Neighborhood
by Education**

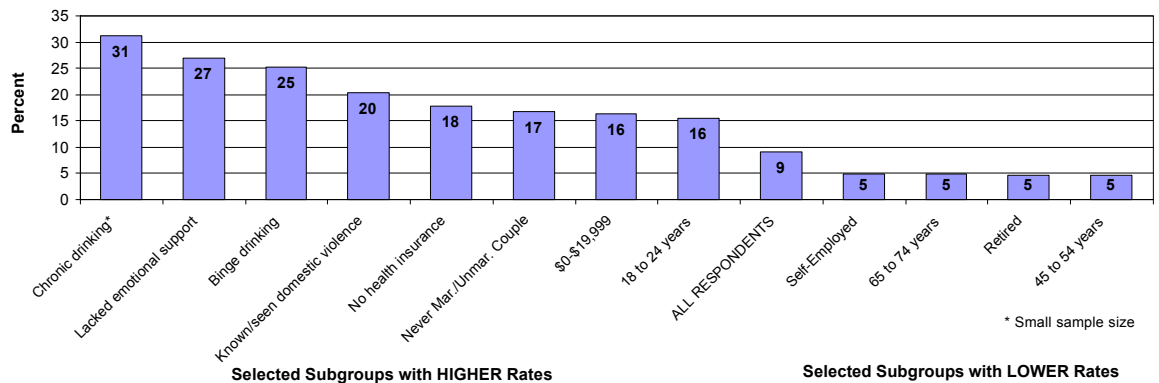


**Saw Violent Crime In Neighborhood
by Income**



Respondents who lacked emotional support, were at risk for binge drinking, and had known or seen a victim of domestic violence were among those at higher-than-average risk for having seen a violent crime in their neighborhood in the past year.

Saw Violent Crime in Neighborhood by Selected Population Subgroups



References

¹ Governor's Substance Abuse Council. (1999). Kansas planning framework. State Incentive Cooperative Agreement, Federal Center for Substance Abuse Prevention.

² The National Committee for Injury Prevention and Control. (1989) Injury prevention: meeting the challenge. New York: Oxford University Press.

Lacked Recent Mammogram:

Female respondents aged 50 and older who reported not having had a mammogram within the past two years.

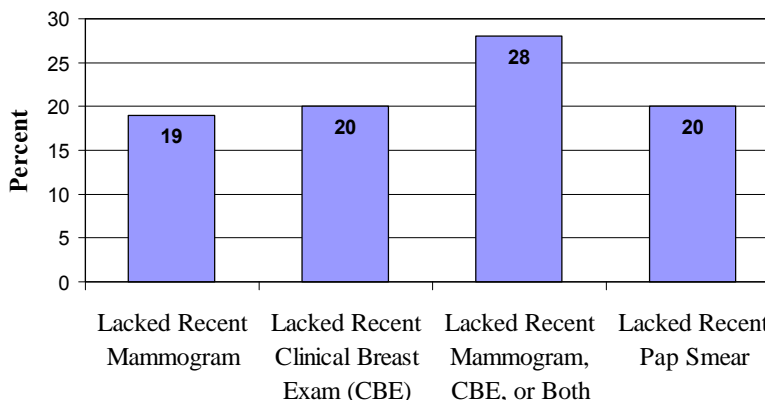
Lacked Recent Clinical Breast

Exam: *Female respondents aged 50 and older who reported not having had a clinical breast exam within the past two years.*

Lacked Clinical Breast Exam, Mammogram, or Both:

Female respondents aged 50 and older who reported not having had a mammogram, a clinical breast exam, or both in the past two years.

Breast and Cervical Cancer Screening Risk Factors



Lacked Recent Pap Smear: *Female respondents with a uterine cervix who reported not having had a Pap smear within the past two years.*

BREAST & CERVICAL CANCER SCREENING

Breast Cancer Background

According to the American Cancer Society, other than skin cancer, breast cancer is the most common cancer among women. In Kansas, more than 1,700 women are diagnosed with breast cancer annually; nearly 400 women die of breast cancer each year. Breast cancer is relatively uncommon before age 40, but increases rapidly with advancing age. Known risk factors for breast cancer include family history and a variety of hormonal factors, but the underlying cause of most breast cancers is unknown.

Early detection offers women the best chance of surviving the cancer.

Preventing breast cancer is not possible at this time (excluding prophylactic mastectomy). However, preventing deaths from breast cancer is possible. Breast cancer can be effectively treated if the cancer is detected early; consequently, early detection offers women the best chance of surviving the cancer. Approximately 95% of women whose cancer is found when small (less than ½ inch) and localized to the breast can be expected to be alive five years later. Since a cancer must be found early if the woman's life is to be saved, it is important that women be screened regularly. Detection of small tumors is only possible through use of screening mammography since tumors less than one-half inch typically cannot be identified by touch. While the risks versus the benefits of mammography for women under age 50 remain controversial, it is generally accepted that mammography is beneficial for women aged 50 to 69 years. The risk factors used to measure breast cancer screening were "lacked recent mammogram", "lacked recent clinical breast exam", and "lacked mammogram, clinical breast exam, or both" for women aged 50 and older.

Cervical Cancer Background

Some researchers have estimated that the full use of the Pap test could prevent between 37% and 60% of cervical cancer deaths.

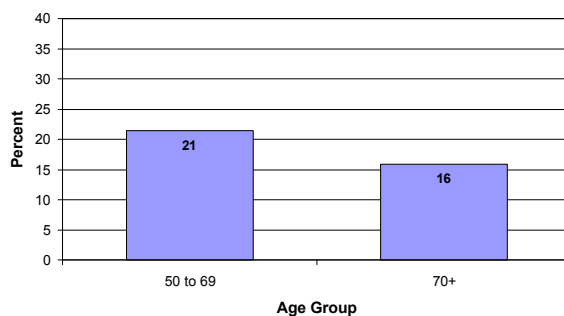
In 1998, 88 Kansas women were diagnosed with cervical cancer and 32 Kansas women died.¹ Risk factors for cervical cancer include a history of multiple sex partners, early age at first intercourse (17 years and younger), a history of sexually transmitted diseases (including human papilloma virus types 16 and 18), and cigarette smoking. In addition to the reduction of behaviors that increase the risk of cervical cancer, early detection and treatment (secondary prevention) remain an important public health strategy. The Pap test, which involves examining under a microscope cells that are scraped from a woman's cervix for abnormality, is the principle screening test for cervical cancer. Not only can Pap smears reliably detect cancer at an early treatable stage, they can detect abnormal cervical cells which have the potential to become cancerous in the future. Although death rates are relatively low, the deaths which do occur should be considered potentially preventable. Furthermore, the frequency with which pre-malignant cellular changes are detected by Pap smears ensures death rates will rise without continued aggressive screening and treatment. Some researchers have estimated that the full use of the Pap test could prevent between 37% and 60% of cervical cancer deaths. "Lacked recent pap smear" is the risk factor used to measure cervical cancer screening.

Mammogram

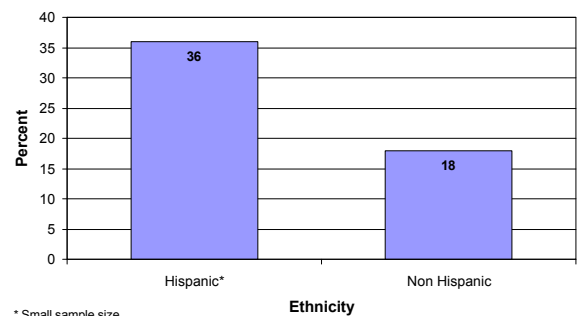
Forty-one percent of Ford County women of all ages reported that they had never had a mammogram. Nineteen percent of Ford County women respondents aged 50 and older reported not having had a mammogram within the past two years, compared to 20% of Kansas women in 1999.

Ford County women aged 50 to 69 years were slightly more likely to be at risk than women aged 70 or more years. Hispanic women respondents aged 50 and older were twice as likely as their non-Hispanic counterparts to lack a recent mammogram.

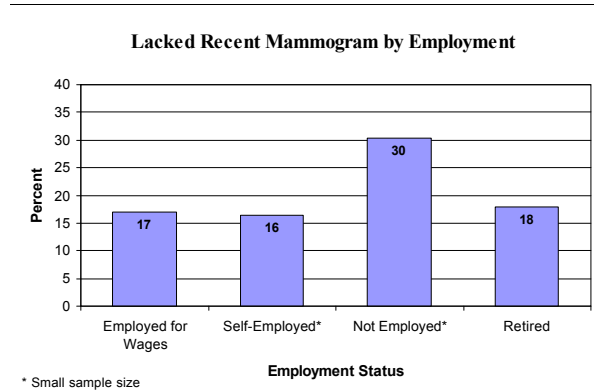
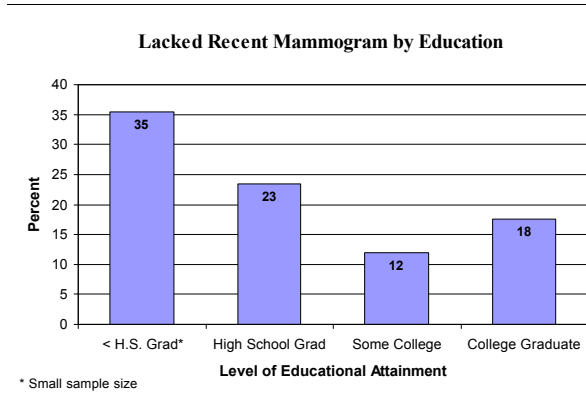
Lacked Recent Mammogram by Age



Lacked Recent Mammogram by Ethnicity

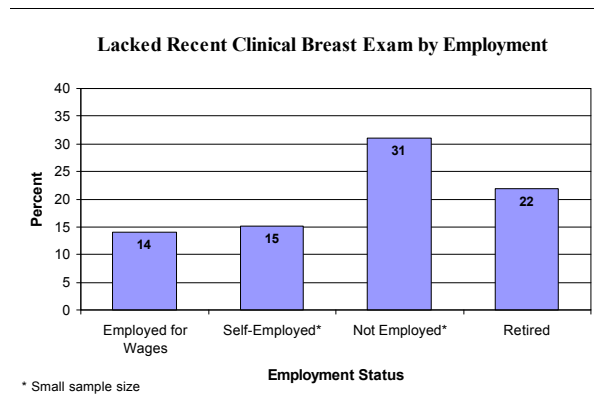
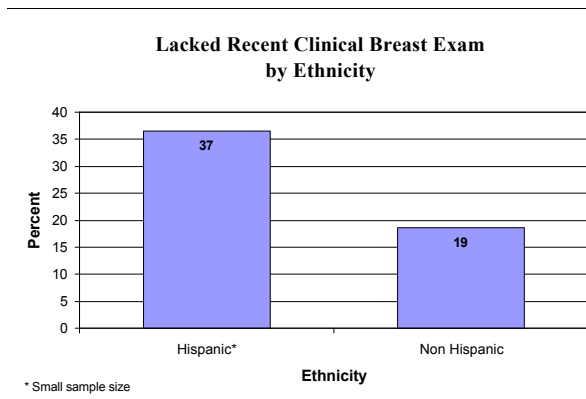


Among education groups, women respondents with less than a high school education were at greatest risk (36%). Comparing employment status groups, the highest risk was among those not currently employed.



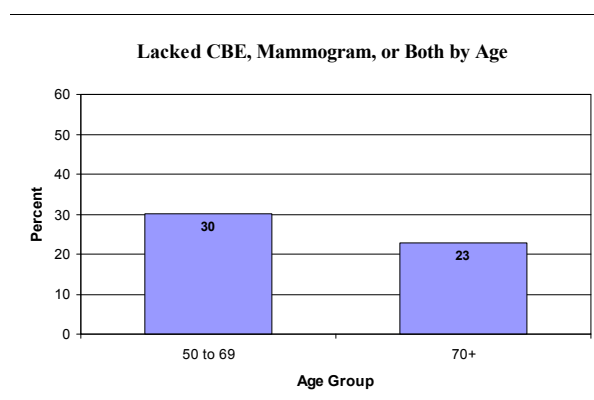
Clinical Breast Exam

Twenty percent of Ford County women respondents had never had a clinical breast exam. Twenty percent of the respondents aged 50 and older reported not having had a clinical breast exam within the past two years, compared to 23% statewide in 1999. Hispanic women aged 50 and older were nearly twice as likely as non-Hispanic respondents to lack a recent clinical breast exam. Among employment groups, respondents not currently employed reported the greatest risk.



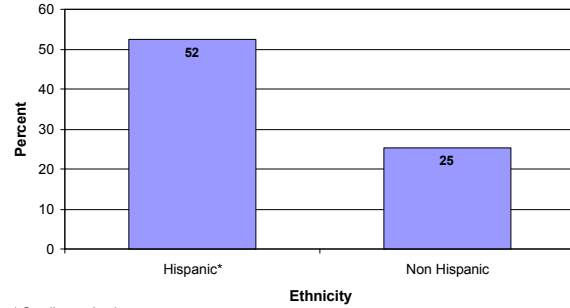
Clinical Breast Exam, Mammogram, or Both

Twenty-eight percent of Ford County women respondents aged 50 and older lacked a clinical breast exam, a mammogram, or both. This is comparable to the statewide statistic of 29% observed statewide in 1999. Ford County women respondents aged 50 to 69 years appeared to be at slightly greater risk than women aged 70 years and older.



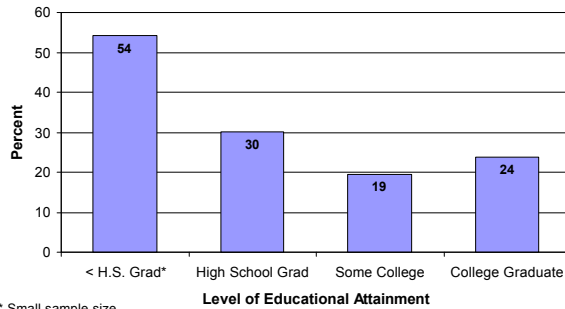
Hispanic female respondents age 50 and older were over twice as likely to be at risk than non-Hispanic respondents. Respondents with less than a high school education and those who were not currently employed were the highest at-risk subpopulations when comparing levels of educational attainment and employment status, respectively.

Lacked CBE, Mammogram, or Both by Ethnicity



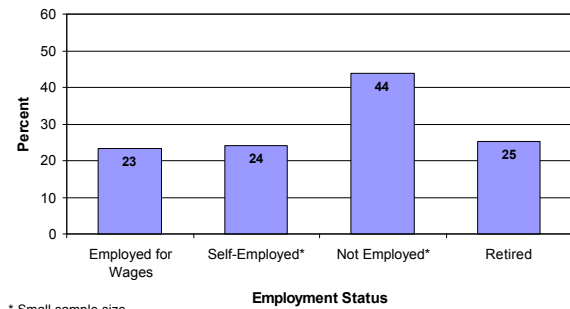
* Small sample size

Lacked CBE, Mammogram, or Both by Education



* Small sample size

Lacked CBE, Mammogram, or Both by Employment



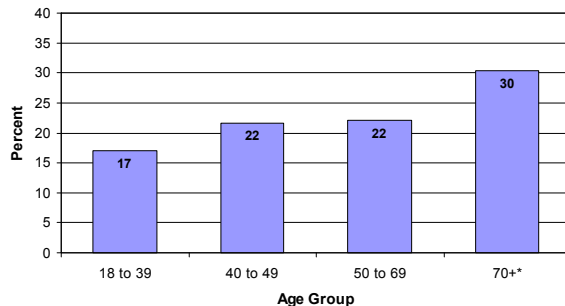
* Small sample size

Pap Smear

Twenty percent of female respondents with a uterine cervix (i.e., no hysterectomy) reported not having had a Pap smear in the past two years. This is slightly greater than the 17% reported nationally and the 15% observed in Kansas in 1999.

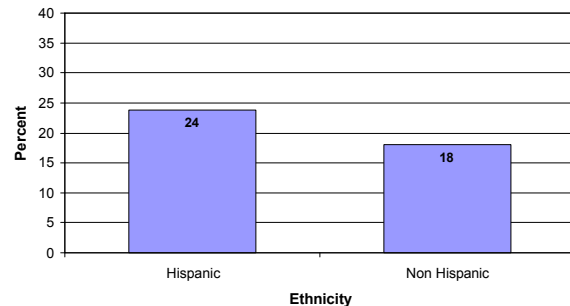
Risk generally increased with increasing age, and a higher risk was observed among Hispanic respondents compared to non-Hispanic respondents.

Lacked Recent Pap Smear by Age

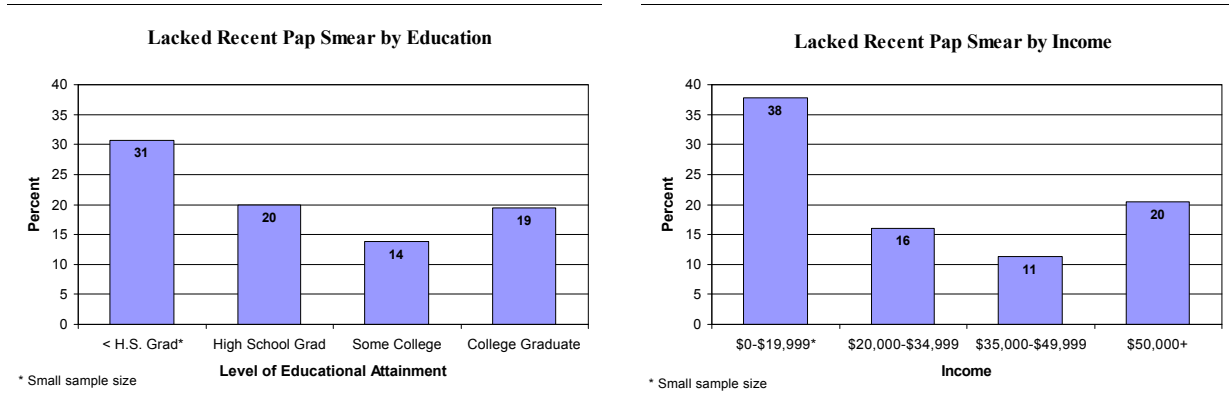


* Small sample size

Lacked Recent Pap Smear by Ethnicity



By level of educational attainment, women respondents with less than a high school education had the greatest risk, and by income, those in households earning less than \$20,000 annually were most at risk.



Hysterectomy

Twenty-four percent of Ford County female respondents reported having had a hysterectomy; the same percentage was observed statewide in 1999. Among Ford County women respondents aged 55 and older, over 50% reported having had a hysterectomy.

References

¹ Kansas Cancer Registry Data [Unpublished electronic data file]. (1998). Kansas City, KS: Kansas Cancer Registry.

American Cancer Society (1999a). Breast cancer – overview [On-line]. Available: <http://www3.cancer.org/cancerinfo/documents/overviews/breaover.asp?ct=5>

Brownson, R.C., Reif, J.S., Alvanja, M. C.R., & Bal, D. G. (1998). Cancer. In R. C. Brownson, P. L. Remington & J. R. Davis (Eds.), Chronic disease epidemiology and control. (pp. 335-373). Washington, DC: American Public Health Association.

Lai SM (1998). Cancer Incidence and Mortality in Kansas, 1997. Kansas City, KS: Kansas Cancer Registry.

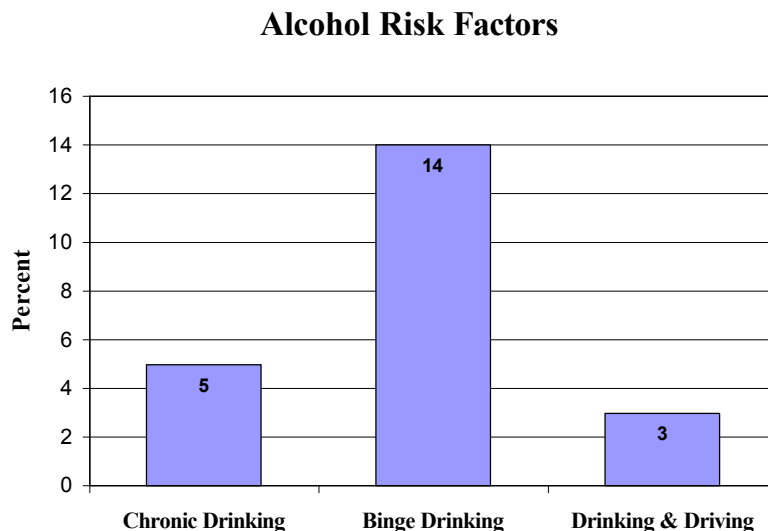
Ries LAG, Kosary CL, Hankey BF, et.al.(eds.) (1999). Seer Cancer Statistics Review, 1973-1996. Bethesda, MD: National Cancer Institute. NIH Pub. No. 99-2789.

United States Preventive Services Task Force (1996). Guide to clinical preventive services (2nd ed.). Baltimore, MD: Williams & Wilkins.

Chronic Drinking: Respondents who reported having 60 or more drinks during the past 30 days.

Acute/Binge Drinking: Respondents who reported having five or more drinks on an occasion, one or more times during the past 30 days.

Drinking and Driving: Respondents who reported having driven after perhaps having had too much to drink, one or more times in the past 30 days.



ALCOHOL USE

Background

Consequences of alcohol use depend on when, how often, how much, blood level, and certain unique responses that vary among individuals.

Self-reported alcohol use is likely to be substantially under-reported.

Three risk factors:

- Chronic drinking (high frequency of alcohol use)
- Binge drinking (intoxication)
- Driving after drinking

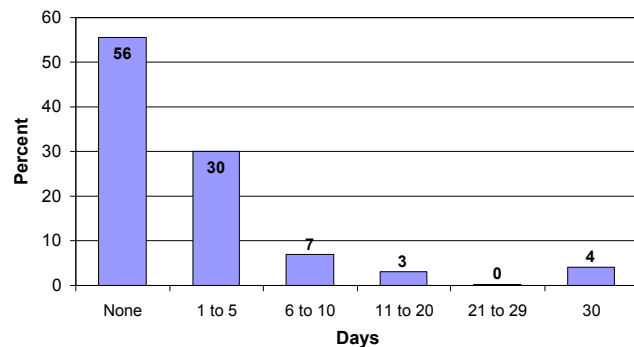
Consequences of alcohol use depend on when, how often, how much, blood level, and certain unique responses to ingestion that vary among individuals. Generally, the health effects arising from the use of alcohol relate to impaired reasoning and reflexes (leading to injuries and violence), exposure during pregnancy, and cumulative organ damage from chronic use. The highest safe level of chronic use of alcohol is unknown, but likely varies between individuals. Heavy alcohol consumption has been associated with an increased risk of numerous diseases including neurologic damage, vascular disease (heart disease, stroke, and high blood pressure), cirrhosis, and several types of cancer (e.g., esophageal, liver). Maternal use of alcohol during pregnancy is a leading cause of birth defects. No less a problem are the consequences of alcohol and drug use arising from impaired judgment of the user. The use of alcohol is a strong risk factor for both violent and unintentional injuries including homicide, suicide, assault, family abuse, motor vehicle crashes, and drowning. Alcohol use is also associated with an increased risk of contracting sexually transmitted diseases (including AIDS) and having an unintended pregnancy.

For this study, alcohol use was assessed using three indicators to measure high frequency and intake of alcohol as well as driving after drinking. Like all data in this survey, data related to alcohol use is self-reported. While self-reported risk has been found to be accurate for many risk factors, self-reported alcohol use is likely to be substantially under-reported. Because of the difficulty involved in collecting data regarding alcohol use by methods other than self-report, data derived from independently confirmed sources are rarely available.

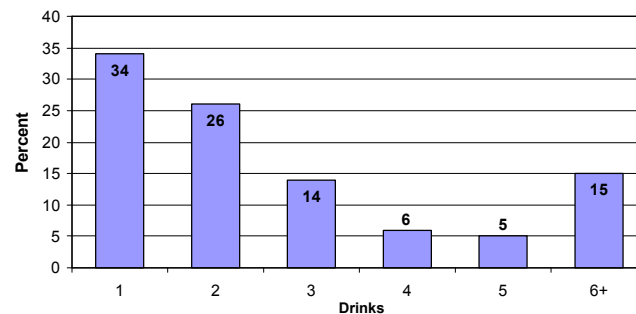
Alcohol Consumption

Forty-five percent of respondents reported any alcohol consumption during the 30 days before the interview, with 14% consuming alcohol more than 5 of the past 30 days.

How many days per month did you drink any alcoholic beverages?



On days when you drank, how many drinks on average did you consume?

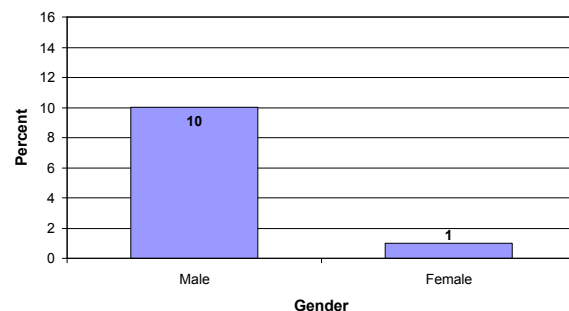


Among those who drank, the majority (60%) reported having only one or two drinks on average when they drank.

Chronic Drinking Five percent of Ford County respondents reported having 60 or more drinks per month, placing them at risk for chronic drinking. This is higher than the percentage observed statewide (3%) in 1999.

The observed risk for chronic drinking in Ford County was ten times higher among male respondents than female respondents (10% versus 1%).

Chronic Drinking by Gender

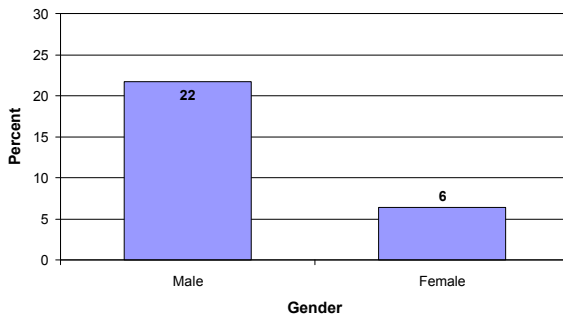


Binge Drinking

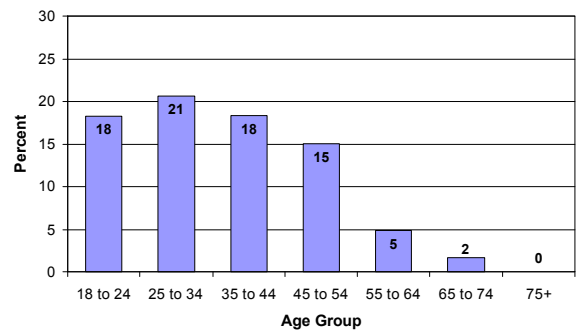
Fourteen percent of Ford County respondents reported having five or more drinks on one or more occasions during the past 30 days. This is slightly higher than the state statistic, 12% in 1999.

Ford County male respondents were nearly four times more likely than female respondents to be at risk for binge drinking (22% versus 6%). Risk tended to decrease with increasing age and was markedly lower among respondents age 55 and older compared to respondents younger than 55.

Binge Drinking by Gender

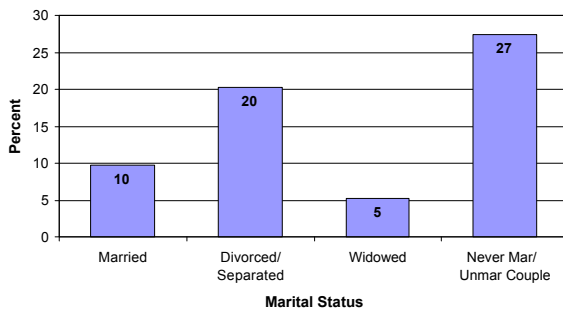


Binge Drinking by Age

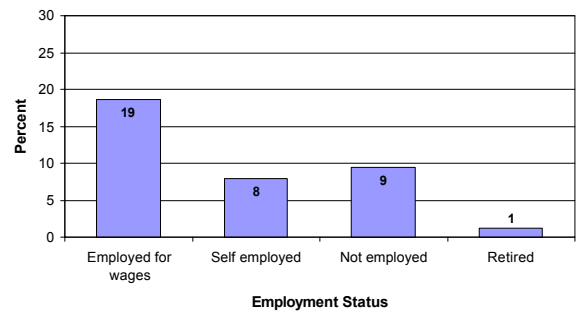


Considering marital status, the highest percentage (27%) was observed among persons who were never married or part of an unmarried couple, likely to be younger respondents. By employment categories, respondents who were employed for wages had the highest risk prevalence (19%) for binge drinking.

Binge Drinking by Marital Status

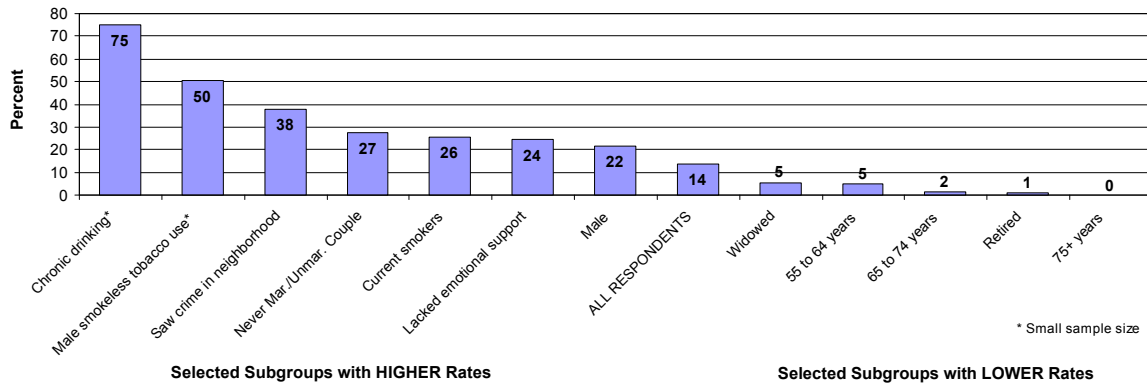


Binge Drinking by Employment



Three-quarters of respondents at risk for chronic drinking were also at risk for binge drinking. Other risk factors which appeared to be associated with a higher-than-average risk for binge drinking included male smokeless tobacco use, having seen a violent crime in the neighborhood, and current smoking.

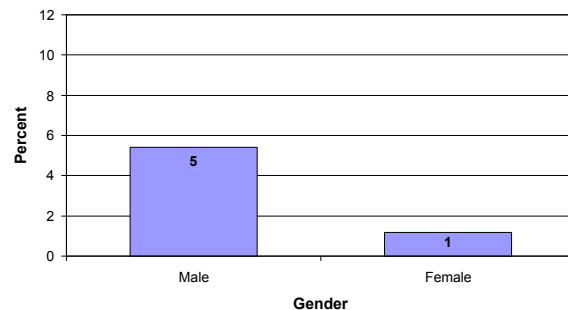
Binge Drinking by Selected Population Subgroups



Drinking & Driving

Three percent reported driving in the past month when they had perhaps had too much to drink, which is the same percentage reported statewide in 1999. Men were much more likely than women to report driving when they had perhaps had too much to drink (5% versus 1%). Comparing age groups, younger persons appeared to be more likely to drive after drinking, but an age graph could not be included here due to small sample sizes.

Drinking & Driving by Gender



References

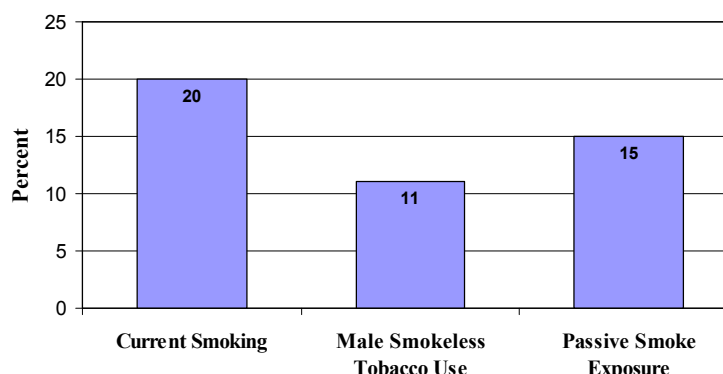
- ¹ National Committee for Injury Prevention and Control. (1989) Injury prevention: meeting the challenge. New York: Oxford University Press.
- ² Dufour, M.C. (1998) Alcohol Use. In: Brownson, R.C., Remington, P.L., Davis, J.R. (eds.). Chronic disease epidemiology and control. American Public Health Association, Washington DC: United Book Press.

Current Smoking: *Respondents who report smoking cigarettes some days or all days.*

Smokeless Tobacco Use Among Males: *Males who reported currently using smokeless tobacco.*

Passive Smoke Exposure: *Respondents reporting that someone smoked inside their home or that they were exposed to smoke at work.*

Tobacco Use and Environmental Tobacco Smoke Exposure Risk Factors



TOBACCO USE & ENVIRONMENTAL TOBACCO SMOKE EXPOSURE

Background

Cigarette use is responsible for nearly one in five deaths in Kansas.

At every age, people who quit smoking live longer than those who continue smoking.

Smokeless tobacco users absorb twice as much nicotine as cigarette smokers, and smokeless tobacco poses substantial health risks.

Tobacco use is the single most preventable cause of premature death and disability in Kansas. Cigarette use is responsible for nearly one in five deaths in Kansas and smokers lose an average of 15 years of life.¹ Smoking is associated with cancers of the lung, mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, and bladder. It is responsible for 29% of all cancer deaths and 87% of lung cancer deaths.² Smoking is a major cause of cardiovascular disease (e.g., heart attack and stroke) and lung disease (emphysema, pneumonia, and bronchitis).

Among persons who smoke, health benefits of cessation are substantial. At every age, people who quit smoking live longer than those who continue smoking. Smokers who quit before they are 50 years old have only half the risk of dying during the next 15 years as people who continue smoking. Smoking cessation substantially reduces the risk of lung, laryngeal, esophageal, oral, pancreatic, bladder, and cervical cancers, as well as the risk of developing cardiovascular disease. The rate of smoking is dependent on the initiation rate and the cessation rate. Nearly all persons who initiate smoking do so as children. Initiation rates fell steadily for many years until the mid-1990's when they began to climb again.

Smokeless tobacco use is often believed to be a less addictive and safer way of using tobacco. However, smokeless tobacco users absorb twice as much nicotine as cigarette smokers, and smokeless tobacco poses substantial health risks. The risk of cancer of the cheek and gum is 50 times more common among long-term oral tobacco users than non-users. Smokeless tobacco use has been linked to cancers of the gum, mouth, pharynx, larynx, and esophagus and to gum diseases such as gingivitis. It may also play a role in cardiovascular disease and stroke through increases in blood pressure, constriction of blood vessels, and irregular heart beat.³

Children of smokers may experience higher rates of lower respiratory infections, asthma, and ear infections.

Environmental tobacco smoke (ETS), a combination of smoke from burning cigarettes and smoke exhaled by the smoker, is known to cause respiratory illnesses and infections, and contributes to heart disease and lung cancer. Children are especially vulnerable to the risks of ETS. Children of smokers experience higher rates of lower respiratory infections and are at higher risk of asthma and ear infections.⁴ A 1996 study concluded that a portion of children's respiratory diseases and their associated illnesses may be prevented by decreasing or eliminating their exposure to secondhand smoke.⁵

Twenty-two percent of workers in jobs with a higher risk for environmental tobacco smoke exposure were teenagers.

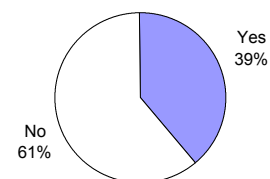
A 1992-93 National Cancer Institute survey found that significant numbers of workers, especially those in blue-collar and service occupations, reported smoke-free workplace policy rates considerably lower than the overall rate of 46 percent.⁶ Least likely to have a smoke-free policy were food service workers - waiters, waitresses, cooks, bartenders, and counter help. Of these 5.5 million workers, 22 percent were teenagers. In a 1993 study, food service workers were estimated to have a 50 percent increased risk of dying from lung cancer compared to the general population, with the higher risk attributed in part to their workplace exposure to secondhand smoke.⁷ The National Institute for Occupational Safety and Health recommends that exposure to ETS in the work place be reduced by eliminating smoking in the work place or designating separately ventilated smoking areas.⁴

The results of three risk factors related to tobacco use and environmental tobacco smoke exposure are presented in this chapter: (1) current smoking (2) male smokeless tobacco use and (3) passive smoke exposure.

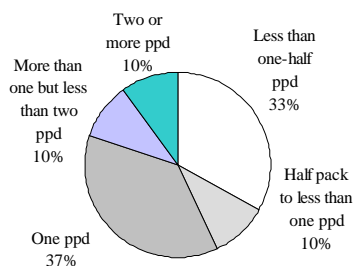
Cigarette Smoking

Thirty-nine percent of Ford County respondents reported having smoked at least 100 cigarettes in their lifetime, and 20% currently smoke on all or some days. This is similar to the Kansas and U.S. averages (21% and 23%, respectively) observed in 2000 and higher than the Healthy Kansans 2000 objective of 15%.

Have you smoked at least 100 cigarettes in your life?



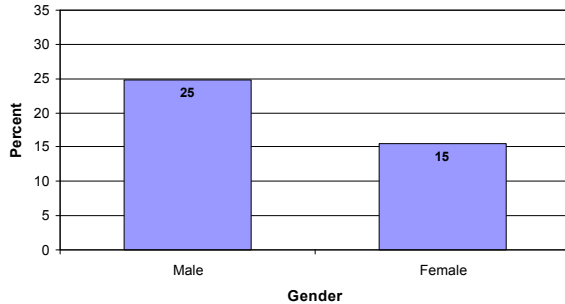
How many cigarettes/day do you smoke? (by pack per day)



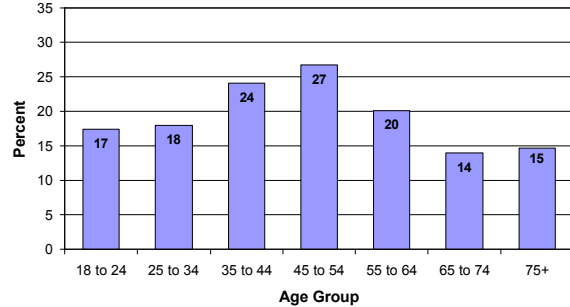
Of Ford County respondents who currently smoke daily, 57% smoke one or more packs per day, and 10% smoke two or more packs per day. The median number of cigarettes smoked daily by respondents who were current smokers was 20, or a pack, which is similar to a 1997 statewide estimate. Those who smoke a pack a day will spend \$821.25 annually on cigarettes (based on a cost of \$2.25 per pack).

Current smoking was more prevalent among males than females, and varied slightly across age groups, peaking among respondents aged 45 to 54 years.

Cigarette Use by Gender

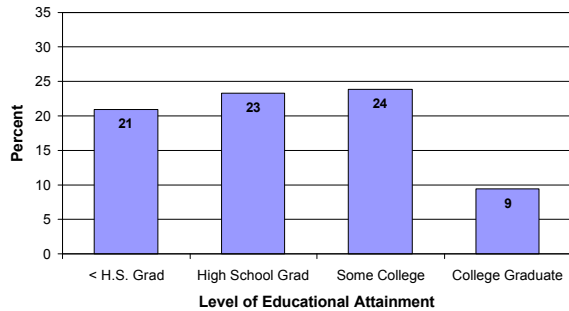


Cigarette Use by Age

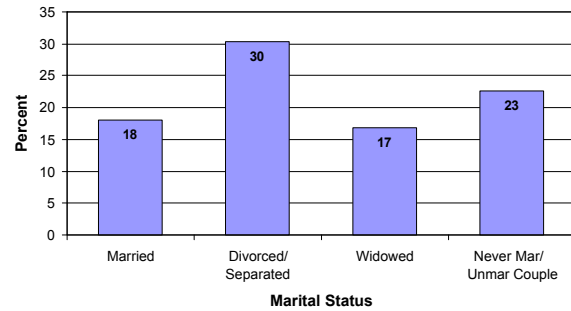


By level of educational attainment, college graduates had a much lower risk prevalence (9%) than other educational attainment groups. By marital status, respondents who were divorced or separated had the highest risk (30%).

Cigarette Use by Education

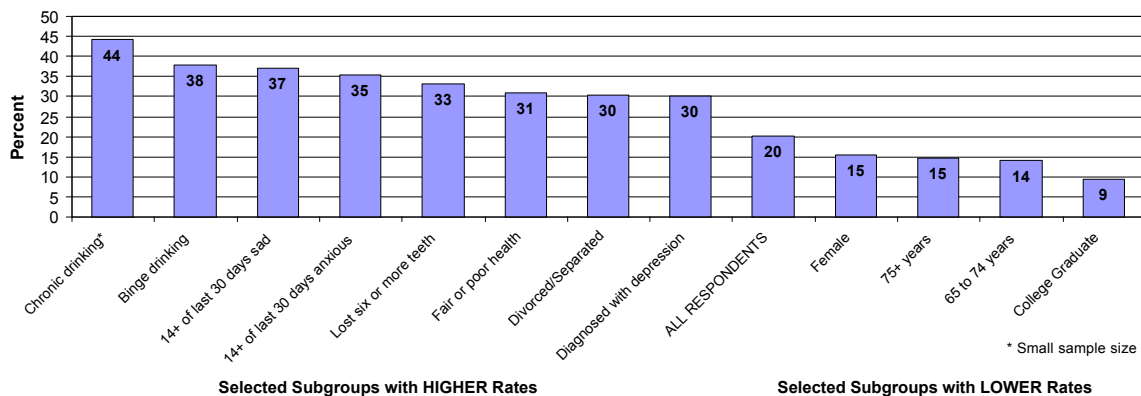


Cigarette Use by Marital Status



Other risk factors that appeared to be associated with a higher-than-average risk for cigarette use included chronic drinking, binge drinking, depressed mood, anxiety, and lost six or more teeth due to decay or disease.

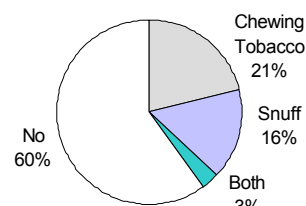
Cigarette Use by Selected Subpopulations



Smokeless Tobacco Use

Fourteen percent of Ford County respondents had tried smokeless tobacco. Of those who had tried smokeless tobacco, 40% were currently using smokeless tobacco products: 21% were using chewing tobacco, 16% were using snuff, and 3% were using both.

Do you currently use any smokeless tobacco products? (among respondents who have tried smokeless tobacco)

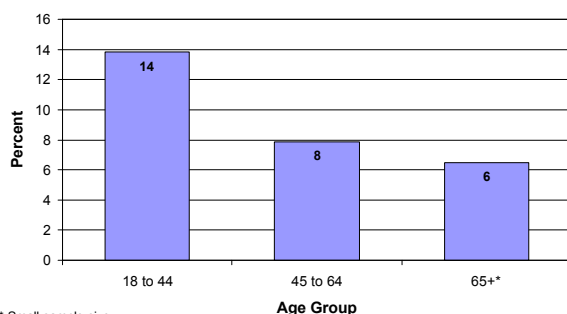


Among Males

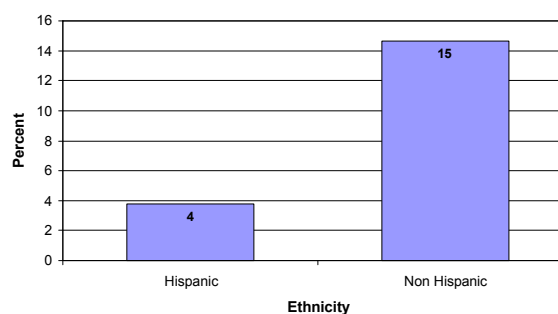
Eleven percent of Ford County male respondents reported current use of smokeless tobacco. This is only slightly higher than what was reported in 1997 statewide (10%) and nationally (8%).

Reported smokeless tobacco use in Ford County was more common among younger males, and non-Hispanic male respondents were nearly four times as likely to be at risk than their Hispanic counterparts.

Male Smokeless Tobacco Use by Age

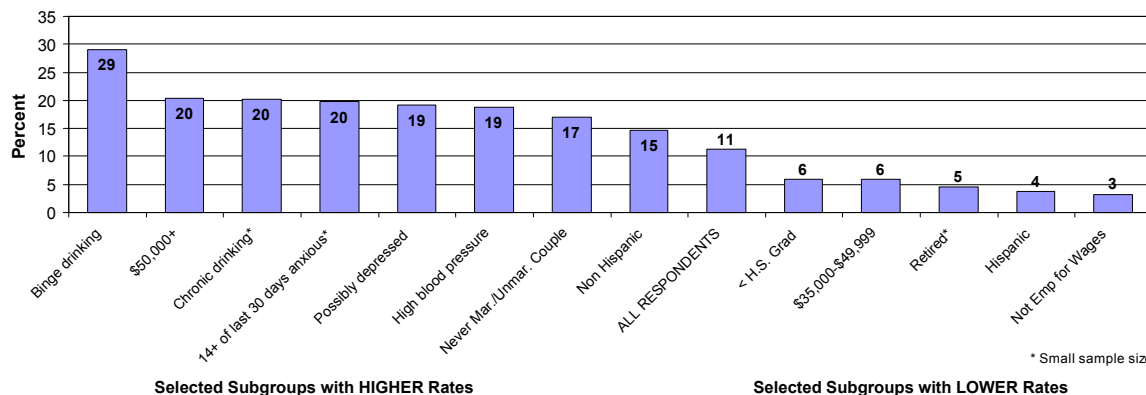


Male Smokeless Tobacco Use by Ethnicity



Other male subpopulations who appeared to be associated with male smokeless tobacco use included binge drinkers, those with household incomes of \$50,000 or more, and chronic drinkers.

Male Smokeless Tobacco Use by Selected Subpopulations



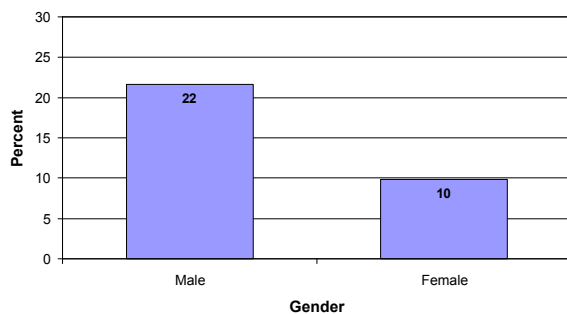
Selected Subgroups with HIGHER Rates

Selected Subgroups with LOWER Rates

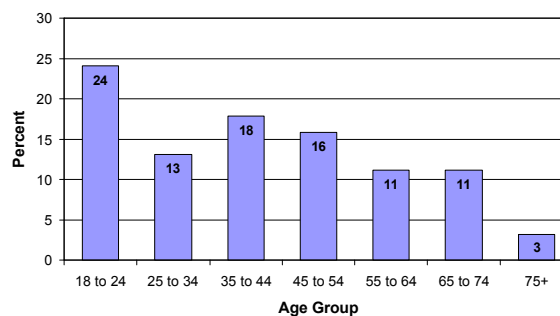
Passive Smoke Exposure

Fifteen percent of Ford county respondents reported passive smoke exposure, defined as a non-smoker being exposed to smoke by someone in the home or at-risk for environmental tobacco smoke exposure where they worked. Males were at greater risk than females and risk generally decreased with increasing age.

Passive Smoke Exposure by Gender

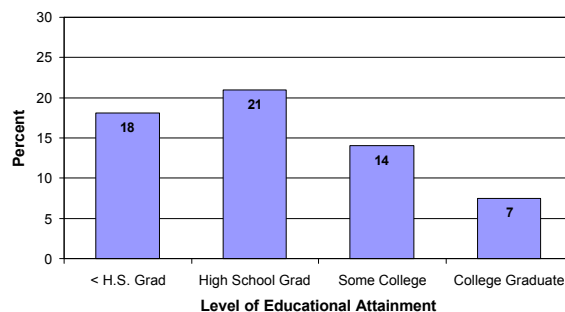


Passive Smoke Exposure by Age

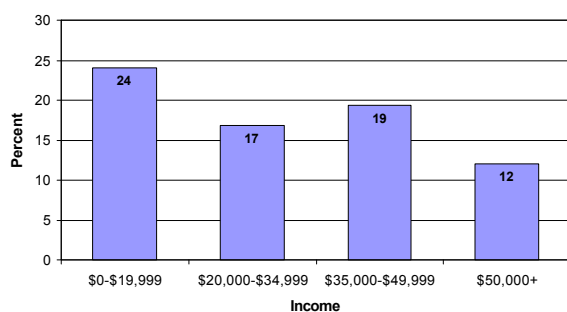


Comparing levels of educational attainment, college graduates had the lowest risk for passive smoke exposure, and risk generally decreased with increasing household income. Among employment statuses, those employed for wages and self-employed were at the highest risk for passive smoke exposure.

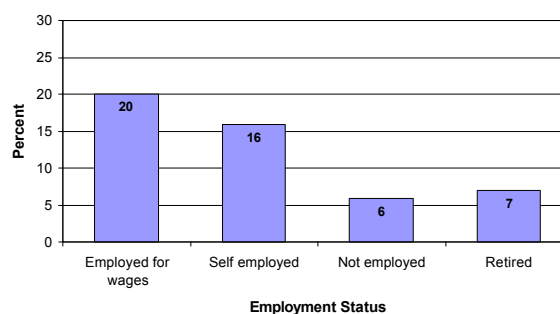
Passive Smoke Exposure by Education



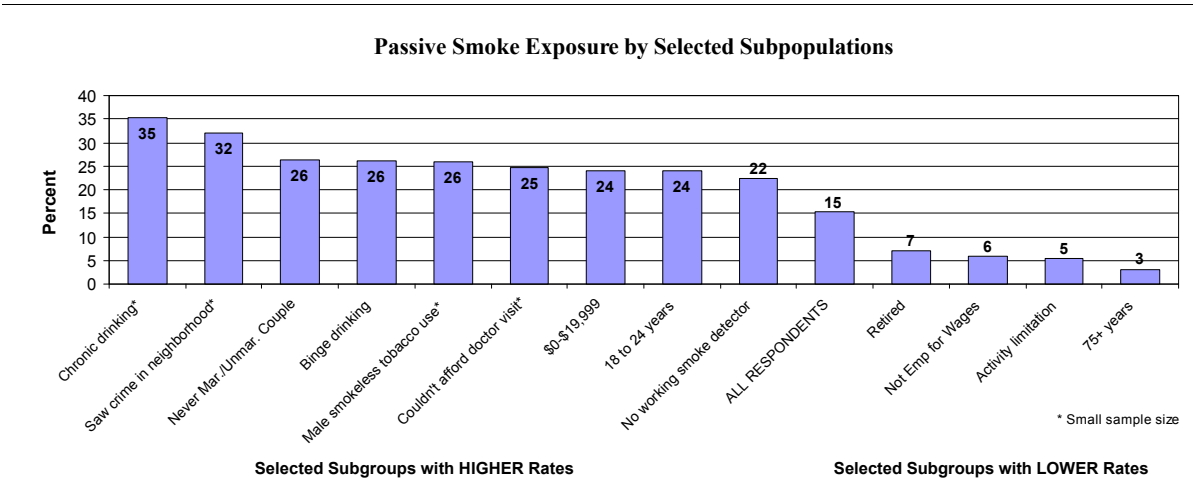
Passive Smoke Exposure by Income



Passive Smoke Exposure by Employment



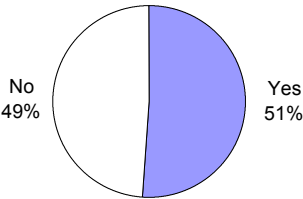
Risk factors that were associated with higher-than-average observed risk for passive smoke exposure include chronic drinking, binge drinking, and male smokeless tobacco use.



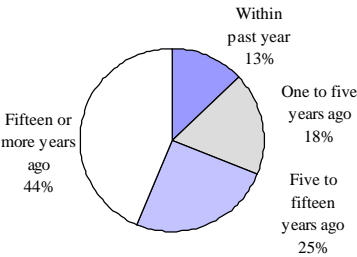
**Smoking
Cessation**

Among respondents who reported current daily smoking, 51% had quit for one day or longer during the past twelve months.

During the past 12 months, have you quit smoking for one day or longer?



About how long has it been since you last smoked?



Forty-eight percent of respondents who had reported smoking at least 100 cigarettes in their life were not currently smoking. Of these former smokers, 31% have stopped smoking within the last five years.

References

¹ American Cancer Society. Cancer Facts and Figures - 1995. Atlanta, GA: ACS, 1995.

² American Cancer Society. Cancer Facts and Figures - 1998. Atlanta, GA: ACS 1998.

³ U.S. Department of Health and Human Services. (1996). Physical activity and health: a report of the surgeon general. (DHHS Publication No. 017-023-00916-5). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

⁴ Novotny, T.E., & Giovino, G.A. (1998). Tobacco use. In R.C. Brownson, P.L. Remington & J.R. Davis (Eds.), Chronic disease epidemiology and control. (Pp. 117-148). Washington, DC: American Public Health Association.

⁵ Mannino, D.M., Sigel, M., Husten, C., Rose, D., and Etzel, R. (1996) Environmental tobacco smoke exposure and health effects in children: Results from the 1991 National Health Interview Survey. Tobacco Control 5: 13-18. In: Healthy People 2010 Objectives: Draft for Public Comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health.

⁶ Gerlach, K., Shopland, D.R., Hartman, A.M., Gibson, J.T., and Pechacek, T.F. (1997). Workplace smoking policies in the United States: Results from a national survey of more than 100,000 workers. Tobacco Control 6: 199-206. In: Healthy People 2010 Objectives: Draft for Public Comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health.

⁷ Siegel, M. (1993). Involuntary smoking in the restaurant workplace. JAMA 270:490-493. In: Healthy People 2010 Objectives: Draft for Public Comment. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health.

No Health Care Coverage for Dental Care: Respondents reporting that they lacked dental health care coverage.

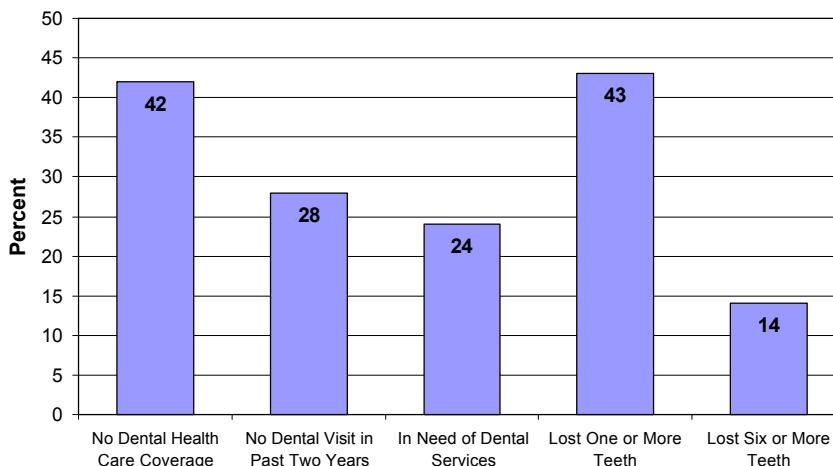
No Dental Visit in Past Two Years: Respondents reporting not visiting the dentist in the past two years.

In Need of Dental Services: Respondents reporting a need for any dental service, including fillings, dentures or partials, teeth pulled, caps, crowns, or root canals.

Lost One or More Teeth to Decay or Disease: Respondents reporting having lost one or more teeth because of tooth decay or gum disease.

Lost Six or More Teeth to Decay or Disease: Respondents reporting having lost six or more teeth because of tooth decay or gum disease.

Access to Health Care Risk Factors



ORAL HEALTH

Background

Over half of all persons aged 65 and over have lost all their teeth.

Most dental disease is preventable.

Five risk factors:

- No Dental Health Care Coverage
- No Dental Visit in Past Two Years
- In Need of Dental Services
- Lost One or More Teeth
- Lost Six or More Teeth

Over 90% of U.S. adults have some evidence of past or current tooth decay.¹

Twenty-two percent of persons aged 45 and over have no remaining natural teeth, while over half of all persons aged 65 and over have lost all of their teeth.² Loss of teeth results from dental decay and periodontal disease (a disease affecting the gum tissue and underlying bone).

Most dental disease is preventable, and damage, when it occurs, is often repairable. Access and use of dental services as well as community dental health interventions, such as water fluoridation, have been shown to improve dental health status. The American Dental Association recommends that adults should see a dentist for routine dental care at least once a year. To help prevent dental disease, a person should also brush and floss their teeth daily and eat a sensible diet which includes adequate calcium and fluoride, and minimizes dietary sucrose (processed sugar).

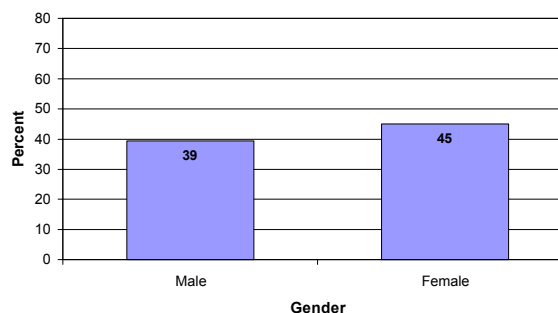
Ford County data was sufficient to use five risk factors to assess oral health:

- (1) Respondents who did not have dental health care coverage.
- (2) Respondents who had not visited the dentist in the past two years.
- (3) Respondents who were in need of dental services
- (4) Respondents who had lost one or more teeth due to decay or gum disease.
- (5) Respondents who had lost six or more teeth due to decay or gum disease.

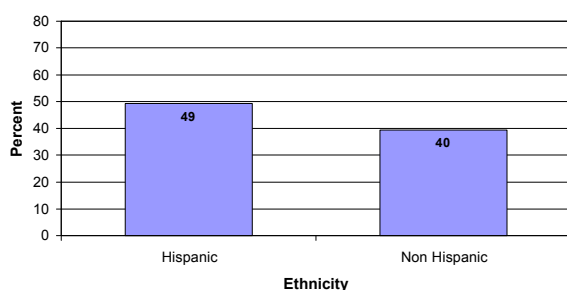
No Health Care Coverage for Dental Care

Forty-two percent of Ford County respondents have no dental health care coverage which pays for some or all of their routine dental care. More females than males reported not having dental insurance (45% versus 39%), and more Hispanics than non-Hispanics (49% versus 40%). Risk for non-coverage varied across age groups with greatest risk observed among senior citizens.

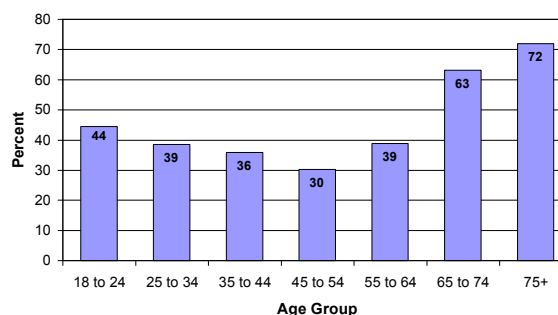
No Dental Health Care Coverage by Gender



No Dental Health Care Coverage by Ethnicity

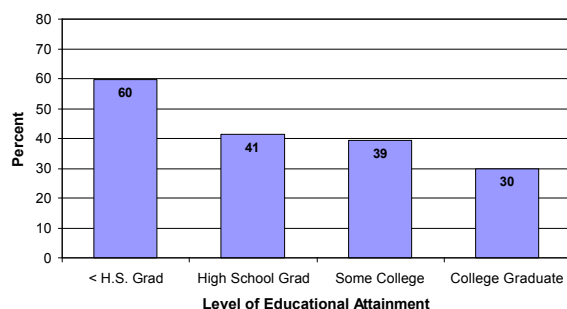


No Dental Health Care Coverage by Age

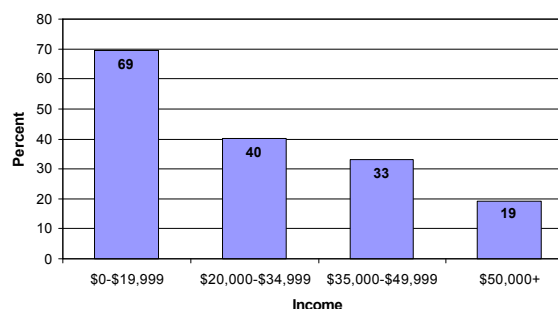


Risk for not having dental care coverage decreased with increasing levels of educational attainment and household income.

No Dental Health Care Coverage by Education



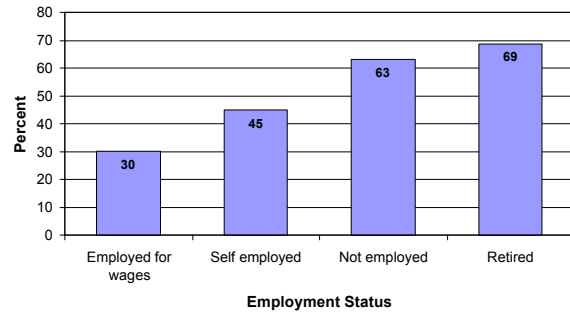
No Dental Health Care Coverage by Income Level



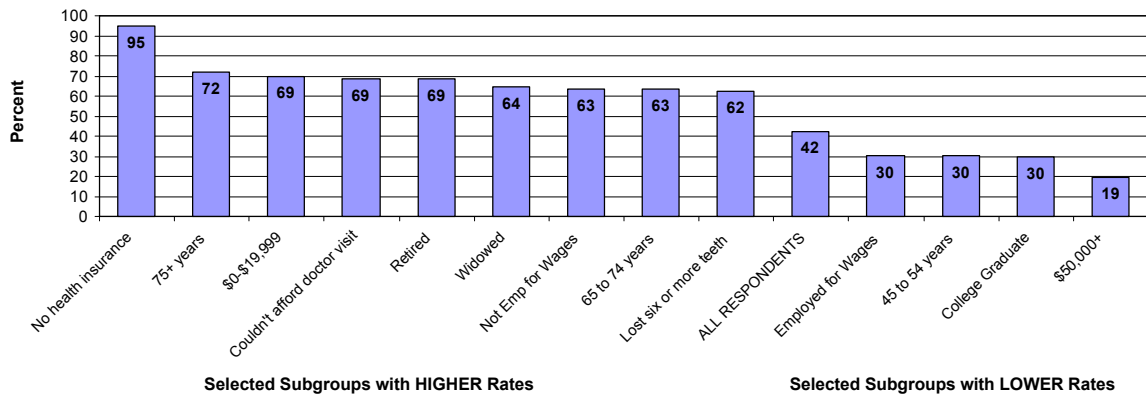
Looking at Ford County respondents by employment status, those employed for wages were at the lowest risk, while a much greater risk was observed among those not employed and retired.

Nearly all of those respondents without health care coverage (95%) were also without dental care coverage, and sixty-nine percent of respondents who were unable to see a doctor due to cost did not have coverage.

No Dental Health Care Coverage by Employment



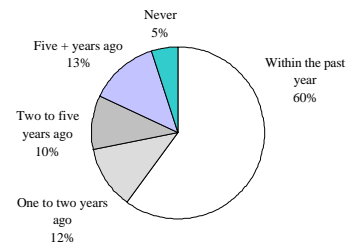
No Dental Health Care Coverage by Selected Population Subgroups



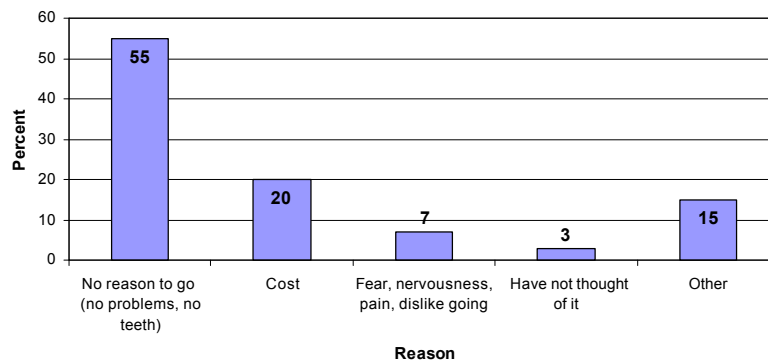
No Dental Visit in Past Two Years

The majority (60%) of respondents reported having visited the dentist within the past year. “No reason to go” was the most common reason (55%) for not having visited the dentist in the past year. Other common responses were cost (20%) and fear or apprehension (7%). Twenty-eight percent of Ford county respondents were at risk for not having visited the dentist in the past two years.

How long has it been since you last visited a dentist for a routine check?

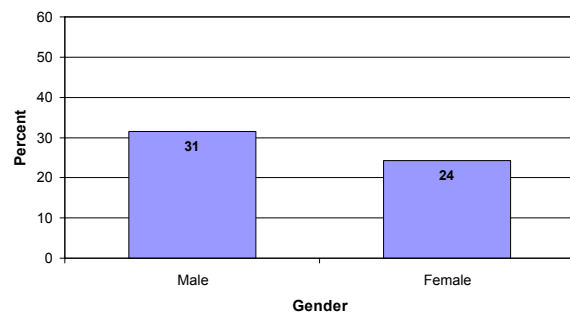


What is the main reason you have not visited the dentist in the last year?

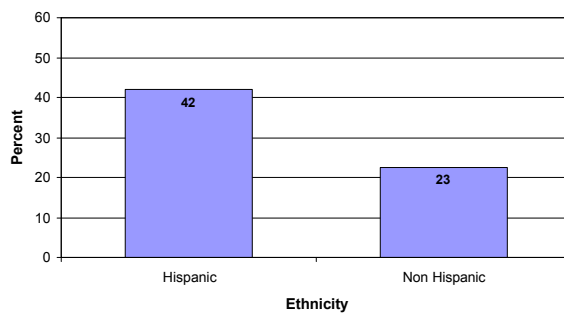


Slightly more Ford County males than females (31% versus 24%) were at risk for no dental visit in the past two years, and those of Hispanic ethnicity had a considerably higher risk percentage than non-Hispanics (42% versus 23%). Risk varied across age groups, with those 75 years and older at greatest risk.

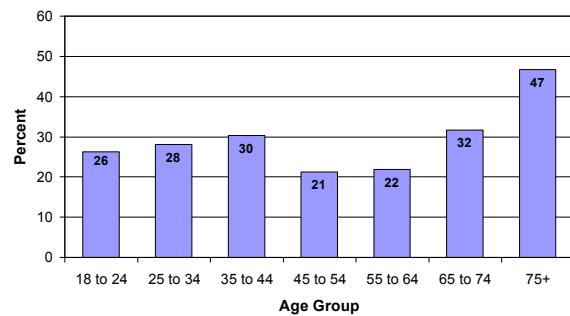
No Dental Visit in Past Two Years by Gender



No Dental Visit in Past Two Years by Ethnicity

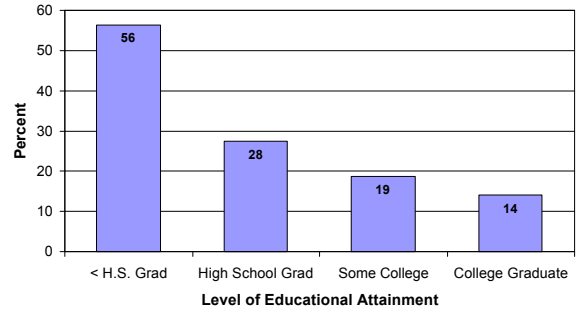


No Dental Visit in Past Two Years by Age

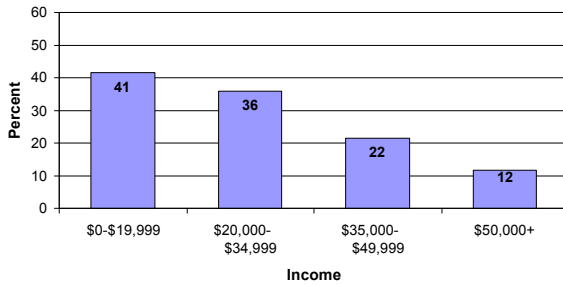


Risk for no dental care coverage decreased with increasing levels of educational attainment and household income. Looking at employment, those who were not currently employed or retired were at the greatest risk.

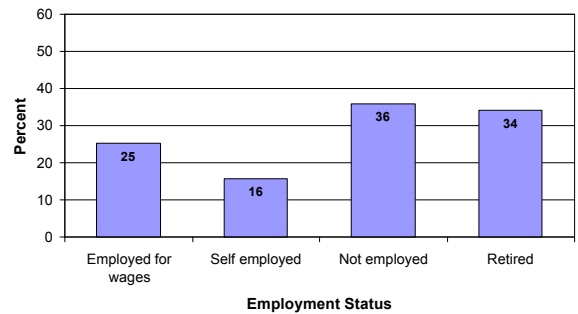
No Dental Visit in Past Two Years by Education



No Dental Visit in Past Two Years by Income Level

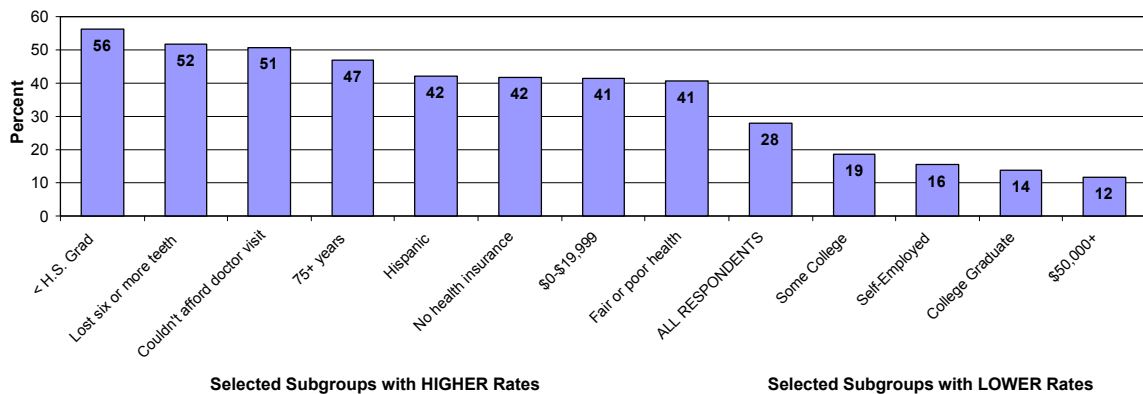


No Dental Visit in Past Two Years by Employment



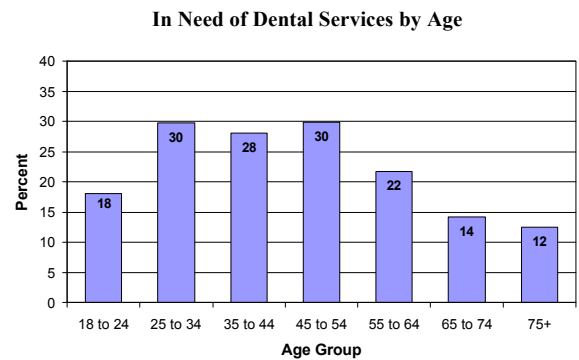
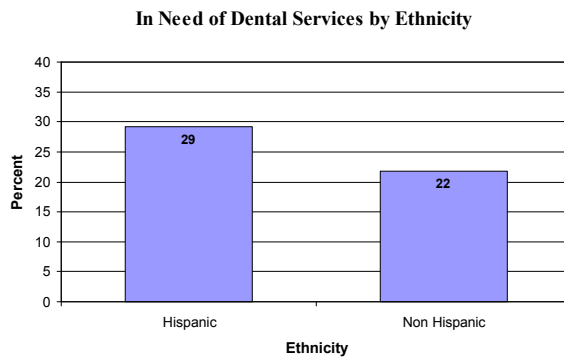
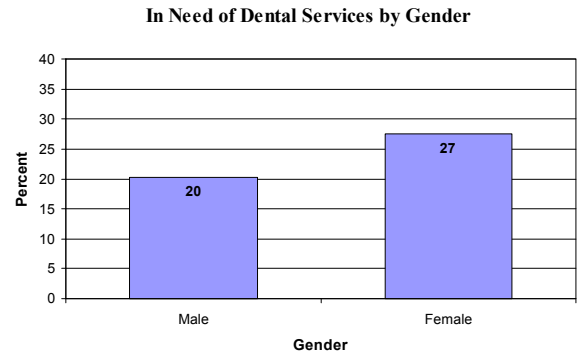
Other risk factors that appeared to be associated with not having visited the dentist in the past two years included lost six or more teeth, unable to see a doctor due to cost, no health insurance, and fair or poor health.

No Dental Visit in Past Two Years by Selected Population Subgroups

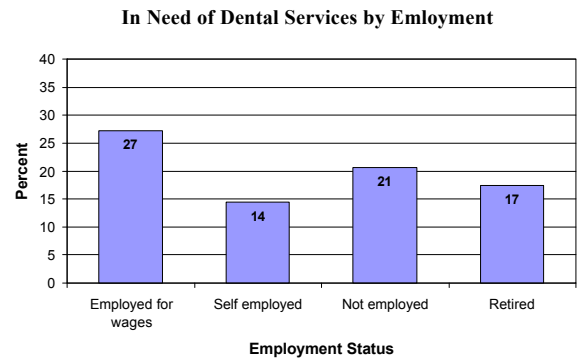
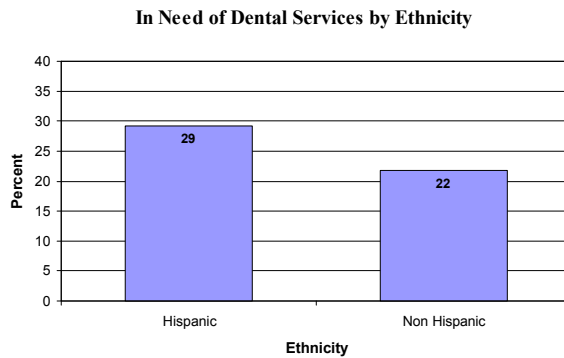


In Need of Dental Services

Twenty-four percent of Ford County respondents were at risk for needing dental services, defined as fillings, dentures or partials, teeth pulled, caps, crowns, or root canals. More females were in need of dental services than males (27% versus 20%), and Hispanic respondents were at greater risk than non-Hispanic respondents (29% versus 22%). Risk varied by age group, with the higher risks observed among respondents aged 25 to 54 years.

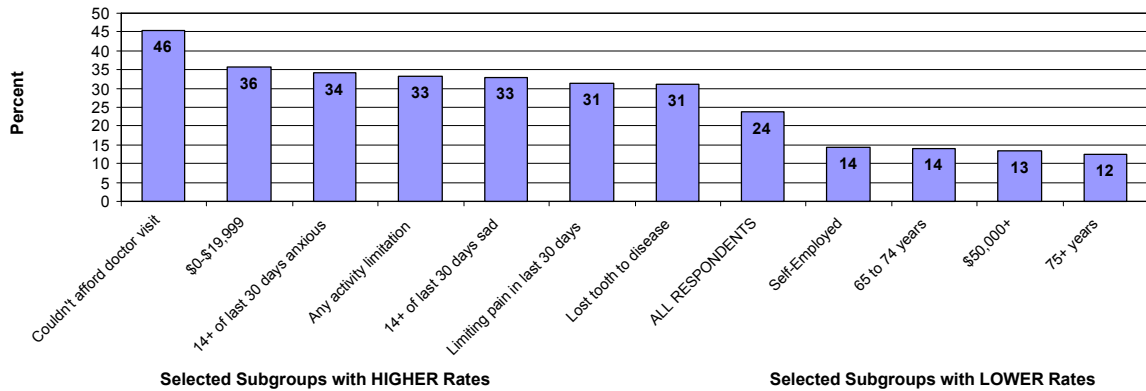


Respondents with household incomes less than \$20,000 were nearly three times as likely as those with household incomes \$50,000 or more to be in need of dental services. Among employment groups, Ford County respondents employed for wages were most likely to report a need for dental services.



Forty-six percent of those who couldn't afford a doctor visit were in need of dental services. Other risk factors that appeared to be associated with needing dental services included anxiety, having an activity limitation, and depressed mood.

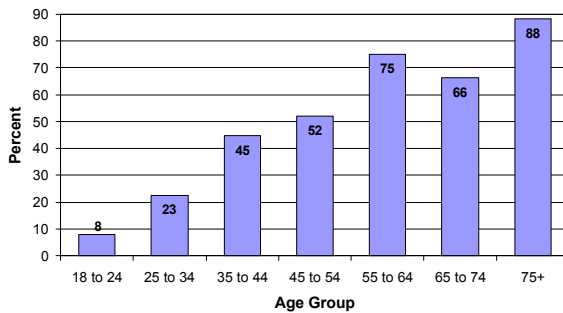
In Need of Dental Services by Selected Population Subgroups



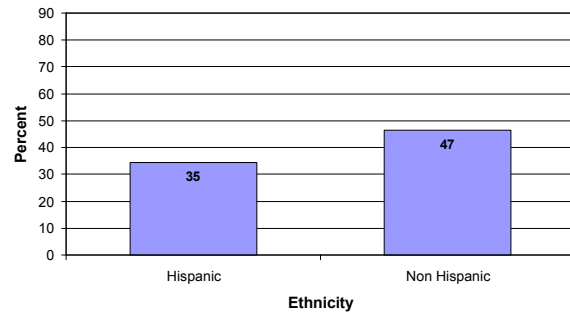
Lost One or More Teeth

Forty-three percent of Ford County respondents reported having lost at least one tooth because of tooth decay or gum disease. Risk greatly increased with increasing age. Slightly more non-Hispanic respondents were at risk than Hispanic respondents (47% versus 35%).

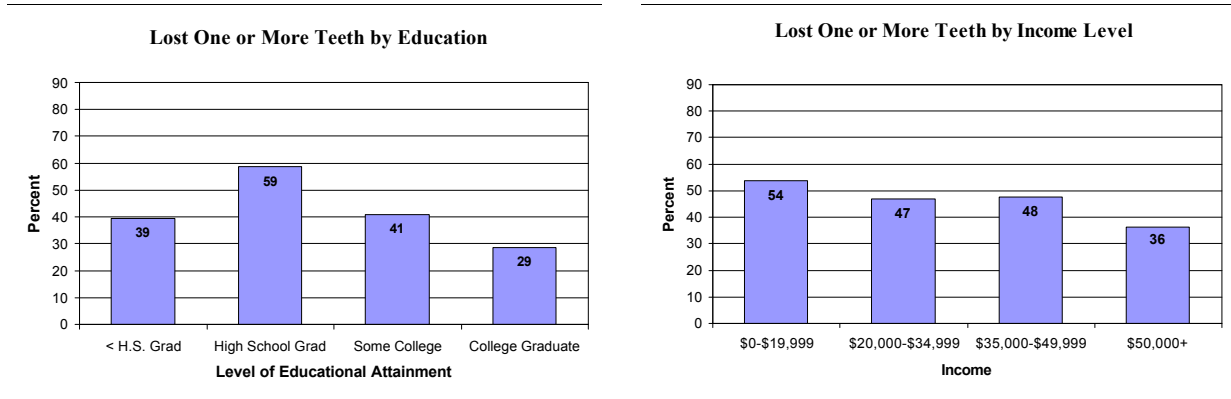
Lost One or More Teeth by Age



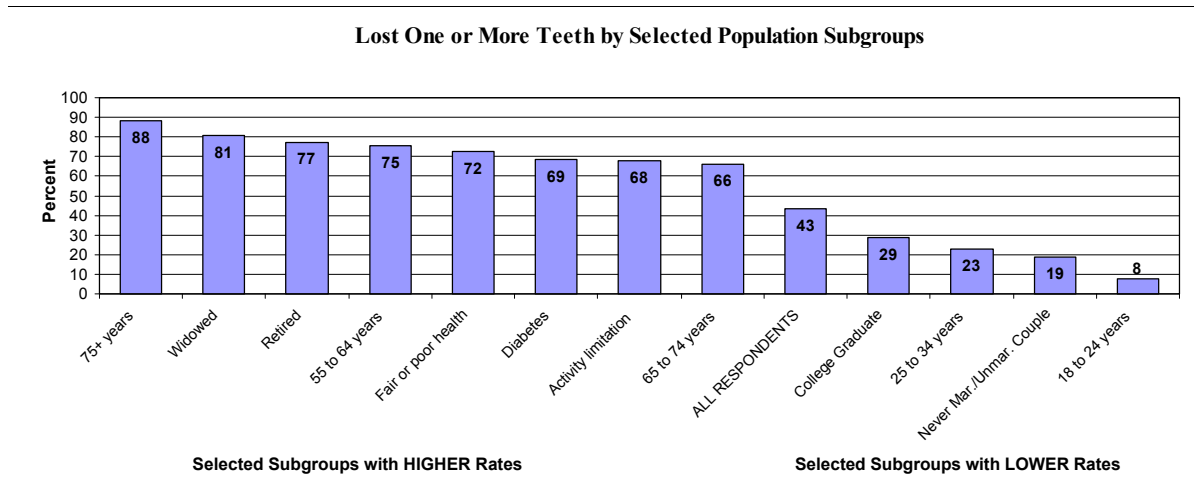
Lost One or More Teeth by Ethnicity



Comparing levels of educational attainment and household incomes, college graduates and those with an income greater than \$50,000 were at the lowest risk for having lost one or more teeth.



Most of the risk factors associated with a higher-than-average prevalence of having lost one or more teeth to decay or disease are more common among older respondents (e.g., retired, widowed, fair or poor health).

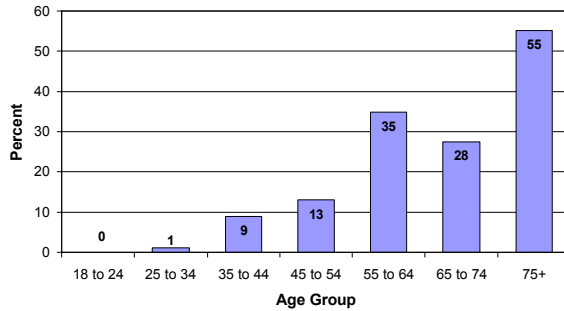


Lost Six or More Teeth

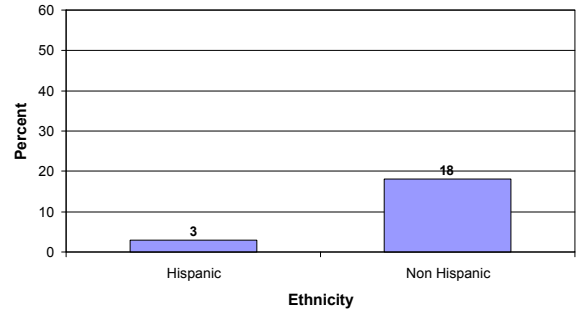
Fourteen percent of Ford county respondents reported having lost six or more teeth because of tooth decay or gum disease. This is somewhat less than the percentages reported for Kansas and the US in 1999 (17% and 20%, respectively).

Risk greatly increased with age. More non-Hispanic respondents were at risk than Hispanic respondents (18% versus 3%).

Lost Six or More Teeth by Age

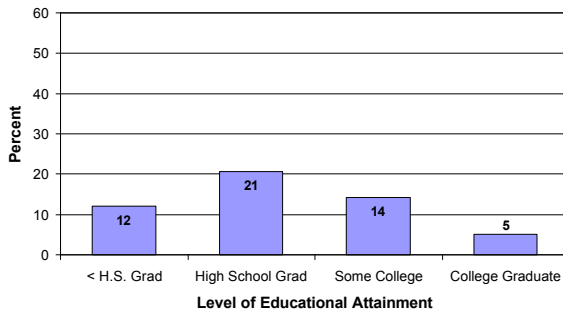


Lost Six or More Teeth by Ethnicity

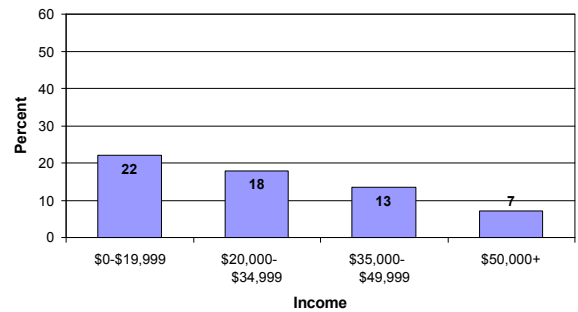


College graduates and those with an income greater than \$50,000 were at the lowest risk for having lost six or more teeth.

Lost Six or More Teeth by Education



Lost Six or More Teeth by Income Level



References

¹ Centers for Disease Control and Prevention. Dental Service Use and Dental Insurance Coverage - United States, Behavioral Risk Factor Surveillance System, 1995. Morbidity and Mortality Weekly Report, 1997; 46(50): 1199-1203.

² U.S. Preventive Services Task Force. (1996). Guide to Clinical Preventive Services, 2nd edition. Baltimore: William & Wilkens, p. 711-721.

SURVEY QUESTIONS

This table provides the text of each question followed by the number and percentage of respondents for each response category (excluding unknown and refused). Not all persons were asked all questions. For instance, only women were asked questions about mammography. As another example, the question “*Do you smoke now?*” was only asked of persons who reported having ever smoked at least 100 cigarettes in their lifetime. However, the denominator for this question has been adjusted for this table to represent the entire population, thereby providing the percentage of current smokers in the entire population rather than the percentage of smokers among those who had ever smoked at least 100 cigarettes. The correct denominator is provided parenthetically after the text of the question.

All responses in this survey are weighted (see technical notes). Because each respondent has a different statistical weight, the number of respondents will not match the weighted percentage. For instance, if 100 persons were asked a question, 50 persons could say “yes” representing 45%, and the other 50 persons could say “no” representing 55%. Unless otherwise stated, results are weighted to adults 18 years and older. Questions which pertain to households are weighted using a household weight, and questions which pertain to children are weighted using a child weight appropriate to the age group specified by the question. When a household or child weight was used, this is specified after the text of the question.

Section 1: Health Status	n	%
--------------------------	---	---

Would you say that in general your health is: (among all respondents)

Excellent	179	20.0
Very good	273	31.5
Good	280	37.3
Fair	77	8.3
Poor	27	3.0

Section 2: Health Care Access	n	%
-------------------------------	---	---

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (among all respondents)

Yes	725	84.7
No	109	15.3

Do you have Medicare? (among all respondents)

Yes	181	18.9
No	652	81.1

What type of health care coverage do you use to pay for most of your medical care? (among all respondents reporting health care coverage)

Do you have coverage through:

Your employer	361	67.3
Someone else's employer	112	21.0
A plan that you or someone else buys on your own	51	9.2
Medicare	1	0.1
Medicaid or Medical Assistance	8	1.0
The military, CHAMPUS, or VA	3	0.7
Some other source	5	0.7

There are some types of coverage you may not have considered. Please tell me if you have any coverage through: (among respondents reporting no current health care coverage)

Your employer	10	11.6
Someone else's employer	3	3.1
A plan that you or someone else buys on your own	2	2.3
Medicare	1	0.8
Some other source	2	1.1
None	86	81.1

Section 2: Health Care Access	n	%
-------------------------------	---	---

About how long has it been since you had health care coverage? (among all respondents reporting no current health care coverage)

Within the past six months	18	33.1
Six months to one year	10	16.2
One to two years	15	19.6
Two to five years	7	9.0
Five or more years	16	22.0

During the past 12 months, was there any time that you did not have any health insurance or coverage? (among respondents reporting current health care coverage)

Yes	37	5.8
No	706	94.2

Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (among all respondents)

Yes	77	9.8
No	761	90.2

Is there one particular doctor or health professional who you usually go to when you need routine medical care? (among all respondents)

Yes, only one	642	72.8
More than one	40	5.4
No	155	21.9

About how long has it been since you last visited a doctor for a routine checkup? (among all respondents)

Within the past year	578	67.6
Within the past 2 years	90	12.2
Within the past 5 years	62	8.0
5 or more years ago	68	8.2
Never	21	4.0

Section 3: Hypertension Awareness	n	%
-----------------------------------	---	---

About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (among all respondents)

Within the past six months	590	69.4
Six months to one year	102	13.5
One to two years	53	7.7
Two to five years	32	4.4
Five or more years	30	3.6
Never	7	1.5

Section 3: Hypertension Awareness	n	%
-----------------------------------	---	---

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (among all respondents reporting having their blood pressure checked)

Yes	206	20.3
No	621	79.7

Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (among all respondents reporting being told they had high blood pressure)

More than once	153	74.7
Only once	49	25.3

Section 4: Cholesterol Awareness	n	%
----------------------------------	---	---

Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (among all respondents)

Yes	520	57.8
No	288	42.2

About how long has it been since you last had your blood cholesterol checked? (among all respondents)

Within the past year	327	37.5
Within the past 2 years	85	9.6
Within the past 5 years	60	6.8
5 or more years ago	31	3.2
Never	288	43.0

Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (among persons reporting having their cholesterol checked)

Yes	149	27.7
No	367	72.3

Section 5: Diabetes	n	%
---------------------	---	---

Have you ever been told by a doctor that you have diabetes? (among all respondents)

Yes	63	6.0
Yes, but female told only during pregnancy	15	1.9
No	760	92.1

Section 6: Exercise	n	%
---------------------	---	---

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (among all respondents)

Yes	537	64.2
No	301	35.8

What type of physical activity or exercise did you spend the most time doing during the past month? (among all respondents who participated in a physical activity)

Walking	284	47.8
Running	33	8.7
Gardening	42	6.9
Golf	25	5.0
Weight lifting	16	4.1
Bicycling	13	2.9
Basketball	11	2.7
Aerobics class	19	2.6
Swimming laps	9	2.1
Home exercise	10	1.8
Jogging	6	1.1
Mowing lawn	6	1.0
Other	62	13.3

How many times did you take part in this activity during the past week? (total times per week for a physical activity, among all respondents)

None	301	36.3
Less than three	211	26.2
Three or four	172	20.9
Five or six	84	9.8
Seven or more	59	6.8

And when you took part in this activity, for how many hours did you usually keep at it? (total hours per week, among all respondents)

None	301	36.6
Less than one hour	310	36.1
One or two hours	164	21.4
Three or four hours	36	4.3
Greater than four	11	1.6

Section 6: Exercise	n	%
---------------------	---	---

What other type of physical activity gave you the next most exercise during the past month? (among all respondents who participated in a physical activity)

Walking	34	18.8
Weight lifting	17	13.6
Gardening	18	9.1
Swimming laps	9	5.1
Running	7	4.6
Golf	7	4.1
Bicycling machine	7	3.4
Other	64	41.3

How many times per week did you take part in this activity during the past month? (total times per week for a physical activity, among all respondents)

None	674	81.1
Less than three	96	11.1
Three or four	41	4.9
Five or six	14	1.6
Seven or more	12	1.3

And when you took part in this activity, for how many hours did you usually keep at it? (total hours per week, among all respondents)

None	674	81.5
Less than one hour	71	7.9
One or two hours	78	9.4
Three or four hours	6	0.8
More than four hours	4	0.5

Section 7: Safety Belt Use	n	%
----------------------------	---	---

How often do you use seat belts when you drive or ride in a car? (among all respondents)

Always	467	53.3
Nearly Always	175	21.0
Sometimes	117	15.5
Seldom	42	5.9
Never	34	4.4

Section 7: Safety Belt Use	n	%
----------------------------	---	---

What is the age of the oldest child in your household under the age of 16? (among households with one or more children 0-15 years old; weighted for children 0-15 years old)

0-1 years	18	11.4
2 years	10	5.9
3 years	11	6.8
4 years	15	9.8
5 years	18	6.0
6 years	17	6.0
7 years	16	5.7
8 years	25	8.7
9 years	11	3.7
10 years	21	5.5
11 years	22	5.9
12 years	22	5.7
13 years	29	7.0
14 years	30	5.3
15 years	37	6.7

How often does the oldest child in your household use a car safety seat [for child under 5] or seat belt [for child 5 or older] when they ride in a car? (among households with one or more children 0-15 years old; weighted for children 0-15 years old)

Always	239	83.5
Nearly Always	35	10.2
Sometimes	17	3.9
Seldom	2	0.8
Never	7	1.5

Section 8: Tobacco	n	%
--------------------	---	---

Have you smoked at least 100 cigarettes in your entire life? (among all respondents)

Yes	334	39.1
No	498	60.9

Do you now smoke cigarettes everyday, some days, or not at all? (among all respondents)

Everyday	130	14.1
Some days	44	6.0
Not at all	658	79.8

Section 8: Tobacco	n	%
--------------------	---	---

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (among respondents reporting non-daily current smoking)

Less than half pack per day (ppd)	34	81.4
Half pack or more, but less than one ppd	1	2.7
One ppd	4	8.4
More than one but less than two ppd	1	4.0
Two or more ppd	1	3.5

On the average, about how many cigarettes a day do you now smoke? (among respondents reporting smoking daily)

Less than half pack per day (ppd)	40	32.8
Half pack or more, but less than one ppd	12	10.2
One ppd	49	37.0
More than one but less than two ppd	13	10.4
Two or more ppd	12	9.6

During the past 12 months, have you quit smoking for 1 day or longer? (among respondents reporting smoking daily)

Yes	63	51.0
No	67	49.0

About how long has it been since you last smoked cigarettes regularly, that is, daily? (among respondents reporting previous smoking)

Within the past month	3	3.3
Within the past 3 months	3	2.0
Within the past 6 months	3	1.9
Within the past year	11	6.0
Within the past 5 years	28	17.7
Within the past 15 years	40	25.1
15 or more years ago	66	44.1

Section 9: Smokeless Tobacco Use	n	%
----------------------------------	---	---

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)

Yes, chewing tobacco	47	7.6
Yes, snuff	26	3.8
Yes, both	24	2.9
No, neither	740	85.7

Section 9: Smokeless Tobacco Use	n	%
----------------------------------	---	---

Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (among all respondents)

Yes, chewing tobacco	17	3.0
Yes, snuff	15	2.3
Yes, both	5	0.4
No, neither	800	94.3

Section 10: Demographics	n	%
--------------------------	---	---

What is your age? (among all respondents)

18-24	78	17.1
25-34	150	19.0
35-44	177	20.5
45-54	157	16.0
55-64	105	10.5
65-74	100	10.8
75+	66	5.9

What is your race? (among all respondents)

White	663	72.7
Black	10	1.0
Asian, Pacific Islander	7	1.1
American Indian, Alaska Native	7	1.1
Other	143	24.1

Are you of Spanish or Hispanic origin? (among all respondents)

Yes	177	29.0
No	661	71.0

Are you: (among all respondents)

Married	483	63.9
Divorced	116	9.6
Separated	17	1.9
Widowed	92	6.0
Never married	110	15.9
Unmarried couple	16	2.7

How many children live in your household who are less than 5 years old? (among all respondents, using household weight)

One	107	15.4
Two	38	5.5
Three	9	1.8
None	679	77.2

Section 10: Demographics	n	%
--------------------------	---	---

How many children live in your household who are 5 through 12 years old? (among all respondents, using household weight)

One	126	15.9
Two	56	7.0
Three	11	1.6
Four	1	0.1
None	641	75.4

How many children live in your household who are 13 through 17 years old? (among all respondents, using household weight)

One	103	12.6
Two	28	3.7
Three	3	0.4
None	699	83.3
Four	2	0.1

What is the highest grade or year of school you completed? (among all respondents)

Never attended school or only kindergarten	5	0.7
Grades 1 through 8 (Elementary)	63	11.1
Grades 9 through 11 (Some high school)	71	10.4
Grade 12 or GED (High school graduate)	244	27.2
College 1 year to 3 years (Some college or technical school)	260	30.8
College 4 years or more (College graduate)	194	19.7

Are you currently: (among all respondents)

Employed for wages	498	61.9
Self-employed	63	7.2
Out of work for more than 1 year	22	2.7
Out of work for less than 1 year	18	3.1
Homemaker	52	6.7
Student	10	1.6
Retired	148	14.3
Unable to work	24	2.5

Is your annual household income from all sources: (among all respondents)

\$0-\$9,999	30	4.2
\$10,000-\$19,999	85	11.0
\$20,000-\$34,999	254	39.0
\$35,000-\$49,999	153	21.4
\$50,000-\$74,999	103	16.0
\$75,000	61	8.3

Section 10: Demographics	n	%
--------------------------	---	---

What is your zip code? (among all respondents)

67801	699	85.5
67876	29	3.6
67834	30	2.9
67842	16	2.2
67882	17	2.0
Other	27	3.8

How many residential telephone numbers do you have?

1	767	96.3
2	60	3.5
3	3	0.1

Gender of respondent. (among all respondents)

Male	324	50.5
Female	516	49.5

Section 11: Women's Health	n	%
----------------------------	---	---

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (among women respondents)

Yes	323	58.8
No	182	41.2

How long has it been since you had your last mammogram? (among women respondents reporting having had a mammogram)

Within the past six months	221	68.5
Six months to one year	50	16.3
One to two years	17	5.8
Two to five years	15	4.9
Five or more years	18	4.5

Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (among women respondents who have ever had a mammogram)

Routine checkup	289	88.8
Breast problem other than cancer	27	8.5
Had breast cancer	6	2.7

Section 11: Women's Health	n	%
----------------------------	---	---

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (among women respondents)

Yes	428	80.3
No	76	19.7

How long has it been since your last breast exam? (among women respondents reporting having had a clinical breast exam)

Within the past six months	320	76.3
Six months to one year	51	12.2
One to two years	21	4.9
Two to five years	8	2.0
Five or more years	23	4.6

Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (among women respondents reporting having had a clinical breast exam)

Routine checkup	405	95.3
Breast problem other than cancer	14	2.7
Had breast cancer	6	2.0

A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (among women respondents)

Yes	473	92.7
No	31	7.3

How long has it been since you had your last Pap smear? (among women respondents reporting having had a pap smear)

Within the past six months	292	66.4
Six months to one year	69	14.7
One to two years	22	4.3
Two to five years	21	3.6
Five or more years	60	11.0

Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (among women respondents reporting having had a pap smear)

Routine exam	440	93.3
Check current or previous problem	23	5.7
Other	6	1.1

Section 11: Women's Health	n	%
----------------------------	---	---

Have you had a hysterectomy? (among women respondents)

Yes	140	24.4
No	365	75.6

To your knowledge, are you now pregnant? (among women respondents 18-44 years old)

Yes	20	11.1
No	194	88.9

Section 12: Immunization	n	%
--------------------------	---	---

During the past 12 months, have you had a flu shot? (among all respondents)

Yes	257	28.9
No	564	71.1

Have you ever had a pneumonia vaccination? (among all respondents)

Yes	165	19.2
No	635	80.8

Section 13: HIV / AIDS	n	%
------------------------	---	---

What are your chances of getting infected with HIV, the virus that causes AIDS? (among all respondents 18-64 years old)

High	3	0.3
Medium	18	3.2
Low	153	23.5
None	473	72.9

Have you ever had your blood tested for HIV? (among respondents reporting not having HIV and 18-64 years old)

Yes	231	35.9
No	411	64.1

Section 13: HIV / AIDS	n	%
------------------------	---	---

When was your last blood test for HIV? (among all respondents reporting having had an HIV blood test and 18-64 years old)

Before 1990	10	5.2
1990	5	2.5
1991	4	1.6
1992	4	2.4
1993	6	2.5
1994	8	5.1
1995	10	6.1
1996	11	5.6
1997	8	3.3
1998	26	16.8
1999	26	14.2
2000	51	34.3
2001	1	0.4

What was the main reason you had your last blood test for HIV? (among respondents reporting having had an HIV blood test and 18-64 years old)

For hospitalization or surgical procedure	20	5.5
To apply for health insurance	9	3.7
To apply for life insurance	9	4.1
For employment	4	1.6
To apply for a marriage license	5	3.7
For military induction or military service	8	4.5
For immigration	6	3.1
Just to find out if you were infected	43	19.1
Because of referral by a doctor	2	0.5
Because of pregnancy	48	20.8
Referred by your sex partner	2	1.1
Because it was part of a blood test/donation process	17	8.8
For routine check-up	20	9.4
Because of occupational exposure	8	3.4
Because of illness	3	1.0
Because I am at risk for HIV	2	1.0
Other	21	8.9

Section 13: HIV / AIDS	n	%
------------------------	---	---

Where did you have your last blood test for HIV? (among respondents reporting having had an HIV blood test and 18-64 years old)

Private doctor, HMO	78	30.6
Blood bank, plasma center, Red Cross	15	6.8
Health department	32	19.5
AIDS clinic, counseling, testing site	4	2.7
Hospital, emergency room, outpatient clinic	44	17.7
Family planning clinic	6	2.0
Prenatal clinic, obstetrician's office	5	1.6
STD clinic	1	0.3
Community health clinic	7	2.1
Clinic run by employer	3	1.2
Insurance company clinic	5	1.9
Other public clinic	5	2.7
Military induction or military service site	7	4.4
At home, home visit by nurse or health worker	5	2.8
At home using self-sampling kit	1	0.3
In jail or prison	1	0.8
Other	8	2.7

Did you receive the results of your last test? (among respondents reporting having had an HIV blood test and 18-64 years old)

Yes	195	85.9
No	34	14.1

Section 14: Quality of Life	n	%
-----------------------------	---	---

Are you limited in any way in any activities because of any impairment or health problem? (among all respondents)

Yes	123	12.4
No	693	87.6

Section 14: Quality of Life	n	%
-----------------------------	---	---

What is the major impairment or health problem that limits your activities? (among respondents reporting any activity limitation)

Back or neck problem	25	20.5
Arthritis/rheumatism	20	13.0
Heart problem	10	9.3
Walking problem	13	10.9
Lung/breathing problem	14	13.1
Fractures, bone/joint injury	7	6.0
Diabetes	5	3.8
Hearing problem	1	0.7
Eye/vision problem	5	2.7
Other impairment/problem	16	17.9
Stroke problem	2	0.9
Hypertension/high blood pressure	2	1.2

For how long have your activities been limited because of your major impairment or health problem? (among respondents reporting any activity limitation)

Six months or less	12	16.3
Six months to a year	4	2.3
One to five years	61	48.0
Six to ten years	13	10.5
11 to 20 years	17	13.3
More than 20 years	11	9.5

Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (among respondents reporting any activity limitation)

Yes	18	11.3
No	104	88.7

Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (among respondents reporting any activity limitation)

Yes	27	21.4
No	95	78.6

Section 14: Quality of Life	n	%
-----------------------------	---	---

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (among all respondents)

0 days	656	83.9
1 to 4 days	51	6.6
5 to 13 days	30	3.3
14 to 29 days	16	1.6
30 days	45	4.7

During the past 30 days, for about how many days have you felt sad, blue, or depressed? (among all respondents)

0 days	504	65.1
1 to 4 days	145	18.6
5 to 13 days	70	8.5
14 to 29 days	31	3.6
30 days	41	4.2

During the past 30 days, for about how many days have you felt worried, tense, or anxious? (among all respondents)

0 days	354	47.4
1 to 4 days	154	20.5
5 to 13 days	122	14.8
14 to 29 days	66	8.1
30 days	83	9.1

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (among all respondents)

0 days	294	37.0
1 to 4 days	132	17.7
5 to 13 days	161	19.7
14 to 29 days	107	13.2
30 days	99	12.3

During the past 30 days, for about how many days have you felt very healthy and full of energy? (among all respondents)

0 days	110	12.2
1 to 4 days	17	1.5
5 to 13 days	99	13.1
14 to 29 days	307	39.7
30 days	246	33.4

Module 1: Mental Health	n	%
-------------------------	---	---

In the past year, did you think about seeking help from family or friends for any personal or emotional problems? (among all respondents)

Yes	126	13.5
No	685	86.5

In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems? (among all respondents)

Yes	92	9.5
No	718	90.5

During the past five years have you thought you might have depression? (among all respondents)

Yes	186	21.0
No	622	79.0

During the past five years have you been diagnosed with depression? (among all respondents reporting they might have had depression in the past five years)

Yes	78	35.2
No	107	64.8

Did you receive treatment for your depression? (among all respondents reporting being diagnosed with depression in the past five years)

Yes	74	95.6
No	4	4.4

Who treated you for depression? (among all respondents reporting treatment for their depression in the past five years)

Family doctor	43	62.6
Psychiatrist	6	6.5
Psychologist	7	9.1
Mental health center	8	8.6
Pastor, priest, rabbi, or other religious counselor	2	3.7
Family or friends	1	0.9
Other	6	8.6

Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it? (among all respondents)

Yes	19	2.3
No	792	97.7

Module 1: Mental Health	n	%
-------------------------	---	---

Why were you unable to get treatment for your personal or emotional problem? (among respondents reporting not being able to get treatment for personal or emotional help in the past five years)

Cost/Couldn't afford/Insurance wouldn't cover	9	40.7
Other	4	41.3
Do not trust psychiatrists/psychologists/doctors	1	5.0
Do not know where to go	1	5.2
Embarrassed/Stigmatism	1	7.8

If you or someone in your family needed treatment for a mental health problem where would you go for help? (among all respondents)

Family doctor	213	36.1
Mental Health Center	157	23.6
Private mental health agency	74	11.8
Psychologist	33	5.7
Pastor, Priest, rabbi, or other religious counselor	49	7.8
Psychiatrist	20	5.1
Local hospital	14	2.3
Family or friends	16	3.1
Self-Help group	5	0.8
State Hospital	4	0.9
Other	20	2.7

Module 2: Injury Prevention	n	%
-----------------------------	---	---

Which of the following best describes whether you have a smoke detector in your home? (among all respondents, weighted for households)
Is it:

I don't have a smoke detector	109	13.6
I have an installed and working smoke detector	606	75.2
I have a smoke detector, but it is not installed	15	1.7
I have a smoke detector, but it is broken or the battery is missing	40	4.9
I have a smoke detector but do not know if it works	36	4.5

Module 2: Injury Prevention	n	%
-----------------------------	---	---

When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them? (among all respondents, weighted for households)

Within the past month (0 to 1 month ago)	262	34.7
Within the past 6 months (1 to 6 months ago)	232	30.3
Within the past year (6 to 12 months ago)	65	8.8
One or more years ago	40	5.2
Never	46	5.9
No smoke detectors in home	114	15.1

Module 3: Violence and Crime	n	%
------------------------------	---	---

How afraid are you to leave your home at night? (among all respondents)

Very afraid	10	1.5
Somewhat afraid	46	4.9
A little afraid	121	14.5
Not afraid	619	79.1

When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)? (among all respondents)

Within the past week	17	2.8
Within the past month	15	1.9
Within the past year	37	4.5
One or more years ago	44	5.8
Never	683	85.0

During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend? (among all respondents)

Yes	148	17.6
No	656	82.4

Module 4: Preventive Counseling Serv.	n	%
---------------------------------------	---	---

Has a doctor or other health professional ever talked with you about your diet or eating habits? (among all respondents)

Yes, within the past 12 months	194	21.3
Yes, within the past 3 years	65	7.4
Yes, 3 or more years ago	68	7.5
No	476	63.8

Module 4: Preventive Counseling Serv.	n	%
---------------------------------------	---	---

Has a doctor or other health professional ever talked with you about physical activity or exercise? (among all respondents)

Yes, within the past 12 months	221	25.3
Yes, within the past 3 years	68	8.2
Yes, 3 or more years ago	45	4.6
No	465	61.9

Has a doctor or other health professional ever talked with you about injury prevention, such as safety belt use, helmet use, or smoke detectors? (among all respondents)

Yes, within the past 12 months	69	9.2
Yes, within the past 3 years	13	2.1
Yes, 3 or more years ago	11	1.4
No	706	87.3

Has a doctor or other health professional ever talked with you about drug abuse? (among all respondents)

Yes, within the past 12 months	44	6.9
Yes, within the past 3 years	12	1.5
Yes, 3 or more years ago	17	1.8
No	728	89.8

Has a doctor or other health professional ever talked with you about alcohol use? (among all respondents)

Yes, within the past 12 months	52	7.2
Yes, within the past 3 years	15	1.8
Yes, 3 or more years ago	25	2.8
No	709	88.2

Has a doctor or other health professional ever advised you to quit smoking? (among respondents reporting current smoking)

Yes, within the past 12 months	78	42.3
Yes, within the past 3 years	31	18.8
Yes, 3 or more years ago	19	11.0
No	43	27.8

Has a doctor or other health professional ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms? (among all respondents 18-64 years)

Yes, within the past 12 months	84	12.5
Yes, within the past 3 years	20	3.1
Yes, 3 or more years ago	61	8.4
No	480	76.0

Module 5: Fruits and Vegetables	n	%
---------------------------------	---	---

How often do you drink fruit juices such as orange, grapefruit, or tomato? (on a daily basis among all respondents)

Less than one	404	51.4
One to four	349	45.6
Five or more	26	3.0

Not counting juice, how often do you eat fruit? (on a daily basis among all respondents)

Less than one	431	57.2
One to four	323	40.2
Five or more	23	2.7

How often do you eat green salad? (on a daily basis among all respondents)

Less than one	580	78.2
One to four	177	19.9
Five or more	16	1.8

How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (on a daily basis among all respondents)

Less than one	663	84.4
One to four	109	14.6
Five or more	8	1.0

How often do you eat carrots? (on a daily basis among all respondents)

Less than one	642	86.1
One to four	111	12.9
Five or more	10	1.0

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (on a daily basis among all respondents)

Less than one	227	32.7
One to four	495	64.0
Five or more	26	3.3

Module 6: Social Context	n	%
--------------------------	---	---

How safe from crime do you consider your neighborhood to be? (among all respondents)

Extremely safe	175	22.0
Quite safe	449	57.4
Slightly safe	140	18.1
Not at all safe	20	2.5

Module 6: Social Context	n	%
--------------------------	---	---

Do you own or rent your home? (among all respondents)

Own	587	72.9
Rent	201	27.1

How long have you lived at your current address? (among all respondents)

Less than six months	79	12.6
Six months to one year	53	6.8
One to two years	70	9.5
Two or more years	589	71.1

How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (among all respondents)

Three or more	656	85.1
Two	54	8.0
One	37	4.6
None	19	2.2

In the past 30 days, have you been concerned about having enough food for you or your family? (among all respondents)

Yes	98	14.4
No	692	85.6

Module 7: Oral Health	n	%
-----------------------	---	---

How long has it been since you last visited the dentist or a dental clinic? (among all respondents)

1 to 12 months	494	60.2
Between 1 and 2 years	89	11.9
Between 2 and 5 years	70	10.0
5 or more years ago	106	13.2
Never	21	4.6

What is the main reason you have not visited the dentist in the last year? (among respondents reporting no dentist visit in the past year)

No reason to go (no problems, no teeth)	137	54.8
Cost	55	19.7
Other	33	10.8
Fear, apprehension, nervousness, pain, dislike going	21	6.6
Have not thought of it	10	3.4
Other priorities	10	3.4
Do not have/know a dentist	3	0.9
Cannot get to the office/clinic (too far away, no transportation, no appointments available)	1	0.5

Module 7: Oral Health	n	%
-----------------------	---	---

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. (among all respondents)

5 or fewer	246	29.4
6 or more but not all	61	6.6
All	60	7.3
None	404	56.7

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid? (among all respondents)

Yes	450	57.8
No	330	42.2

Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal? (among all respondents)

Yes, fillings, caps or crowns, or root canal	125	15.8
Yes, teeth pulled, dentures or partials	43	5.0
Yes, both	24	3.1
No	586	76.2

Module 8: Alcohol Consumption	n	%
-------------------------------	---	---

During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? (among all respondents)

Yes	343	45.0
No	446	55.0

During the past month, how many days did you drink any alcoholic beverages, on the average? (among all respondents)

None	446	55.5
One to five	224	30.0
Six to ten	52	7.1
11 to 20	25	3.0
21 to 29	4	0.3
30	28	4.1

Module 8: Alcohol Consumption	n	%
-------------------------------	---	---

A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (among all respondents)

Don't drink	446	56.2
One drink	124	15.1
Two drinks	86	11.6
Three drinks	43	6.0
Four drinks	18	2.6
Five drinks	13	2.0
More than five	40	6.6

Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on an occasion? (among all respondents)

One or more	103	14.0
None	676	86.0

During the past month, how many times have you driven when you've had perhaps too much to drink? (among all respondents)

One or more	25	3.3
None	760	96.7

Module 9: Falls	n	%
-----------------	---	---

Have you fallen within the last five years? (among respondents aged 65 and older)

Yes	60	37.3
No	94	62.7

The last time you fell, what was the cause of your fall? (among respondents aged 65 and older reporting having fallen in the past 5 years)

Eye problems	2	2.7
Stairs	6	7.1
Leg weakness or pain	6	6.1
Medications	1	1.0
General weakness or imbalance	8	12.3
Ice or other slippery surface	10	19.2
Other	25	51.6

Module 10: Passive Smoke	n	%
--------------------------	---	---

Including yourself, how many persons in your household are current cigarette smokers? (among all respondents)

One	163	20.1
Two	42	5.3
Three	4	0.5
None	581	74.0

How many persons in your household smoke inside the home? (among all respondents)

One	108	13.3
Two	31	4.0
Three	3	0.4
None	647	82.3

Do you work outside the home? (among all respondents)

Yes	525	69.0
No	264	31.0

Which of the following best describes the policy about smoking at your work place? (among respondents reporting working outside the home)

No smoking allowed inside	273	49.6
Smoking restricted to a few designated areas	157	32.7
Smoking allowed in most places except where posted	33	7.8
No policy regarding smoking	51	9.9

RISK FACTOR TABLES

Definitions

Number At Risk (Unweighted): The raw number of respondents who reported being at risk for the defined health risk behavior.

Percent Subpop. at Risk (Weighted): Percentage of Ford County residents at risk for the defined health risk behavior. The data are weighted to more closely resemble the characteristics of the population of Ford County (See interpretation of results for more information on the weighting procedure).

95% CI: Confidence intervals represent statistically derived ranges around the estimated percent at risk (estimated because the entire population of the county was not interviewed). The true percentage in the population (the value that would have been obtained if everyone in the county had been interviewed) is 95% likely to lie within the confidence interval limit. In the example below, 12% represents the best estimate of the frequency of the characteristic in the population. Almost certainly (i.e., only 5% chance of being wrong) the true value for the population lies between 10 and 14. The certainty of the estimate (how narrow the confidence limits are) depends on the number of persons in the survey and the number at risk.

Table A: Example

Subpopulation	Number At Risk	Percent Subpop. at Risk	95% CI
	n	%	
Total	113	12	10 - 14
Age Group			
18-24	3	5	0 - 11
25-34	5	5	0 - 10
35-44	8	3	1 - 7
45-54	22	15	9 - 22
55-64	16	17	9 - 26
65-74	26	22	14 - 30
75+	33	30	22 - 40

Table A: Fair or Poor General Health*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	104	11%	9 - 14
Age Group			
18-24	3	5%	0 - 11
25-34	9	7%	2 - 12
35-44	14	9%	3 - 15
45-54	22	11%	6 - 16
55-64	19	19%	11 - 27
65-74	15	15%	7 - 23
75+	22	34%	20 - 48
Gender			
Male	34	11%	7 - 15
Female	70	11%	8 - 14
Education			
< H.S. Grad	26	16%	9 - 22
High School Grad	32	11%	7 - 15
Some College	29	11%	6 - 15
College Graduate	17	8%	4 - 12
Income			
\$0-\$19,999	25	23%	12 - 34
\$20,000-\$34,999	35	12%	8 - 16
\$35,000-\$49,999	13	7%	3 - 12
\$50,000+	5	3%	0 - 5
Marital Status			
Married	42	9%	6 - 12
Divorced/Separated	22	16%	9 - 23
Widowed	23	26%	16 - 37
Never Mar./Unmar. Couple	17	12%	6 - 19
Employment			
Employed for Wages	37	6%	4 - 9
Self-Employed	4	6%	0 - 12
Not Emp for Wages	27	19%	11 - 28
Retired	35	26%	17 - 34
Ethnicity			
Hispanic	19	10%	5 - 16
Non Hispanic	85	12%	9 - 14
Other			
Limiting pain in last 30 days	44	25%	17 - 33
14+ of last 30 days anxious	27	17%	9 - 25
14+ of last 30 days sad	24	33%	18 - 49
Any activity limitation	52	40%	30 - 51
Diabetes	33	51%	37 - 65
Sedentary lifestyle	73	14%	10 - 18
No health insurance	13	12%	5 - 20
Couldn't afford doctor visit	18	27%	14 - 40
High blood pressure	49	21%	15 - 27
High cholesterol	38	25%	17 - 33
Current smokers	33	17%	10 - 25
Overweight/obese (BMI >= 25)	68	14%	10 - 17
Diagnosed with depression	23	24%	13 - 34

*Respondents who report their health in general as fair or poor (among all respondents)

Table B: Lacked Health Care Coverage*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	86	12%	9 - 15
Age Group			
18-24	23	30%	18 - 42
25-34	23	17%	10 - 24
35-44	17	8%	4 - 12
45-54	12	7%	2 - 11
55-64	9	8%	3 - 13
65-74	0	0%	-
75+	2	2%	0 - 5
Gender			
Male	32	11%	7 - 16
Female	54	13%	9 - 16
Education			
< H.S. Grad	32	22%	14 - 30
High School Grad	29	15%	9 - 21
Some College	19	8%	4 - 13
College Graduate	6	3%	0 - 6
Income			
\$0-\$19,999	28	23%	14 - 32
\$20,000-\$34,999	21	12%	6 - 17
\$35,000-\$49,999	9	6%	2 - 10
\$50,000+	5	3%	0 - 6
Marital Status			
Married	37	8%	5 - 11
Divorced/Separated	17	14%	7 - 21
Widowed	8	9%	3 - 16
Never Mar./Unmar. Couple	24	26%	16 - 36
Employment			
Employed for Wages	37	8%	5 - 11
Self-Employed	9	18%	6 - 30
Not Emp for Wages	36	34%	24 - 45
Retired	3	2%	0 - 3
Ethnicity			
Hispanic	44	26%	18 - 34
Non Hispanic	42	6%	4 - 9
Other			
Limiting pain in last 30 days	14	9%	3 - 14
Any activity limitation	14	9%	4 - 15
Diabetes	6	10%	1 - 18
Sedentary lifestyle	55	13%	9 - 17
Fair or poor health	13	13%	6 - 21
Couldn't afford doctor visit	31	39%	26 - 53
Current smokers	21	12%	6 - 18
Have a child at home	49	17%	12 - 21
No regular health care provider	39	30%	21 - 39
Overweight/obese (BMI >= 25)	42	9%	6 - 12
Not enough rest or sleep	25	13%	7 - 19
Not very healthy/full of energy	33	13%	9 - 18

*Respondents reporting no health insurance of any kind at the time of the survey (among all respondents)

Table C: Unable to See a Doctor Due to Cost in Past 12 Months*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	77	10%	7 - 12
Age Group			
18-24	13	15%	6 - 23
25-34	20	14%	7 - 21
35-44	17	10%	4 - 16
45-54	15	9%	4 - 14
55-64	9	7%	2 - 12
65-74	1	1%	0 - 3
75+	2	3%	0 - 6
Gender			
Male	21	8%	4 - 12
Female	56	12%	8 - 15
Education			
< H.S. Grad	24	17%	10 - 25
High School Grad	22	8%	4 - 12
Some College	23	10%	5 - 15
College Graduate	7	3%	1 - 6
Income			
\$0-\$19,999	30	23%	13 - 33
\$20,000-\$34,999	18	10%	5 - 15
\$35,000-\$49,999	9	7%	2 - 11
\$50,000+	5	2%	0 - 5
Marital Status			
Married	32	8%	5 - 11
Divorced/Separated	16	10%	5 - 16
Widowed	11	14%	6 - 22
Never Mar./Unmar. Couple	18	15%	7 - 22
Employment			
Employed for Wages	42	8%	6 - 11
Self-Employed	7	10%	2 - 17
Not Emp for Wages	24	21%	12 - 31
Retired	4	2%	0 - 5
Ethnicity			
Hispanic	32	18%	11 - 25
Non Hispanic	45	6%	4 - 8
Other			
Limiting pain in last 30 days	18	10%	5 - 15
14+ of last 30 days anxious	27	18%	10 - 27
14+ of last 30 days sad	16	27%	12 - 42
Any activity limitation	19	16%	7 - 25
Diabetes	8	14%	3 - 24
Sedentary lifestyle	51	12%	8 - 15
No health insurance	31	32%	21 - 44
Fair or poor health	18	23%	12 - 35
Current smokers	27	14%	8 - 21
Binge drinking	15	13%	5 - 21
Have a child at home	47	15%	10 - 19
No regular health care provider	25	18%	10 - 25

*Respondents who were unable to see a doctor because of the cost (among all respondents)

Table D: No Regular Health Care Professional*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	155	22%	18 - 25
Age Group			
18-24	29	38%	25 - 50
25-34	42	33%	24 - 42
35-44	38	22%	15 - 29
45-54	26	16%	10 - 23
55-64	12	12%	5 - 18
65-74	6	6%	1 - 10
75+	2	3%	0 - 7
Gender			
Male	89	28%	22 - 34
Female	66	15%	12 - 19
Education			
< H.S. Grad	45	38%	28 - 48
High School Grad	41	18%	13 - 24
Some College	42	17%	12 - 23
College Graduate	27	15%	9 - 21
Income			
\$0-\$19,999	21	23%	13 - 32
\$20,000-\$34,999	57	28%	21 - 35
\$35,000-\$49,999	22	14%	8 - 21
\$50,000+	20	12%	7 - 18
Marital Status			
Married	83	19%	15 - 23
Divorced/Separated	27	22%	14 - 31
Widowed	3	3%	0 - 8
Never Mar./Unmar. Couple	42	38%	27 - 49
Employment			
Employed for Wages	99	23%	18 - 27
Self-Employed	11	18%	7 - 29
Not Emp for Wages	35	33%	23 - 43
Retired	9	6%	2 - 11
Ethnicity			
Hispanic	63	39%	31 - 48
Non Hispanic	92	15%	12 - 18
Other			
Limiting pain in last 30 days	14	11%	5 - 17
Any activity limitation	6	6%	1 - 11
Diabetes	3	6%	0 - 14
Sedentary lifestyle	101	25%	20 - 29
No health insurance	39	54%	42 - 67
Fair or poor health	12	17%	7 - 26
Couldn't afford doctor visit	25	39%	26 - 53
Current smokers	35	25%	17 - 33
Binge drinking	33	31%	21 - 42
Overweight/obese (BMI >= 25)	83	20%	16 - 24
Lacked fruits/vegetables	89	22%	17 - 27

*Respondents who reported that there is not one particular doctor or health professional that they usually go to when in need of routine medical care (among all respondents)

Table E: Hypertension*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	206	20%	17 - 23
Age Group			
18-24	5	6%	0 - 12
25-34	21	13%	7 - 19
35-44	19	9%	5 - 13
45-54	46	27%	19 - 34
55-64	40	38%	28 - 48
65-74	46	39%	28 - 49
75+	29	42%	28 - 57
Gender			
Male	64	18%	13 - 22
Female	142	23%	19 - 27
Education			
< H.S. Grad	25	13%	7 - 19
High School Grad	61	19%	14 - 24
Some College	71	24%	18 - 29
College Graduate	49	24%	17 - 31
Income			
\$0-\$19,999	34	23%	14 - 31
\$20,000-\$34,999	64	21%	15 - 26
\$35,000-\$49,999	34	21%	14 - 28
\$50,000+	39	22%	15 - 28
Marital Status			
Married	106	20%	16 - 24
Divorced/Separated	37	24%	16 - 32
Widowed	45	45%	34 - 56
Never Mar./Unmar. Couple	16	10%	4 - 16
Employment			
Employed for Wages	94	16%	12 - 19
Self-Employed	14	22%	10 - 33
Not Emp for Wages	26	16%	9 - 22
Retired	72	45%	35 - 54
Ethnicity			
Hispanic	17	7%	3 - 12
Non Hispanic	189	25%	22 - 29
Other			
Limiting pain in last 30 days	50	29%	21 - 37
14+ of last 30 days anxious	41	23%	16 - 31
Any activity limitation	53	38%	28 - 48
Diabetes	37	59%	45 - 73
Sedentary lifestyle	114	19%	15 - 23
No health insurance	13	10%	4 - 15
Fair or poor health	49	39%	28 - 50
Couldn't afford doctor visit	14	11%	5 - 18
High cholesterol	62	39%	30 - 48
Current smokers	46	20%	14 - 26
Overweight/obese (BMI >= 25)	139	26%	21 - 30
Obese (BMI >= 30)	69	36%	28 - 44
Possibly depressed	60	26%	20 - 33
Diagnosed with depression	27	32%	20 - 44

*Respondents who have been told that they have high blood pressure (among all respondents)

Table F: High Blood Cholesterol*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	149	28%	23 - 32
Age Group			
18-24	0	0%	-
25-34	11	16%	7 - 26
35-44	18	23%	13 - 33
45-54	32	24%	16 - 33
55-64	36	40%	29 - 51
65-74	37	44%	31 - 57
75+	15	36%	20 - 53
Gender			
Male	55	29%	22 - 36
Female	94	26%	21 - 32
Education			
< H.S. Grad	17	26%	12 - 39
High School Grad	50	30%	22 - 37
Some College	45	31%	23 - 39
College Graduate	36	23%	15 - 30
Income			
\$0-\$19,999	17	23%	10 - 35
\$20,000-\$34,999	52	34%	25 - 42
\$35,000-\$49,999	27	26%	17 - 35
\$50,000+	29	25%	16 - 34
Marital Status			
Married	83	28%	22 - 33
Divorced/Separated	27	35%	22 - 48
Widowed	30	41%	29 - 54
Never Mar./Unmar. Couple	6	7%	1 - 14
Employment			
Employed for Wages	76	26%	20 - 31
Self-Employed	10	24%	10 - 39
Not Emp for Wages	13	17%	7 - 27
Retired	49	40%	30 - 50
Ethnicity			
Hispanic	12	12%	4 - 19
Non Hispanic	137	31%	26 - 36
Other			
Limiting pain in last 30 days	42	42%	30 - 53
14+ of last 30 days anxious	30	36%	24 - 48
14+ of last 30 days sad	20	47%	29 - 64
Any activity limitation	30	37%	25 - 50
Diabetes	22	41%	26 - 57
Sedentary lifestyle	80	26%	20 - 32
No health insurance	4	8%	0 - 17
Fair or poor health	38	49%	36 - 62
High blood pressure	62	38%	29 - 46
Binge drinking	17	34%	19 - 48
Overweight/obese (BMI >= 25)	101	32%	26 - 38
Not enough rest or sleep	41	39%	28 - 50
Diagnosed with depression	26	42%	26 - 58

*Respondents who have had their blood cholesterol checked and been told that they have high blood cholesterol (among respondents reporting having their blood cholesterol checked)

Table G: Diabetes Mellitus*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	63	6%	4 - 8
Age Group			
18-44	11	2%	1 - 3
45-64	29	11%	7 - 15
65+	23	12%	6 - 17
Gender			
Male	19	5%	2 - 7
Female	44	7%	5 - 10
Education			
< H.S. Grad	13	6%	2 - 9
High School Grad	24	8%	4 - 11
Some College	19	6%	3 - 9
College Graduate	7	4%	1 - 7
Income			
\$0-\$34,999	37	8%	5 - 10
\$35,000-\$49,999	7	4%	1 - 7
\$50,000+	8	5%	1 - 8
Marital Status			
Married	32	6%	4 - 8
Divorced/Separated	13	8%	3 - 13
Widowed	11	10%	4 - 16
Never Mar./Unmar. Couple	7	4%	1 - 7
Employment			
Employed for Wages	25	4%	2 - 5
Self-Employed	3	5%	0 - 11
Not Emp for Wages	14	8%	3 - 12
Retired	21	14%	8 - 21
Ethnicity			
Hispanic	13	4%	2 - 7
Non Hispanic	50	7%	5 - 9
Other			
Limiting pain in last 30 days	21	13%	7 - 19
14+ of last 30 days anxious	14	8%	3 - 13
14+ of last 30 days sad	12	15%	5 - 25
Any activity limitation	24	19%	11 - 27
Sedentary lifestyle	40	6%	4 - 8
No health insurance	6	5%	1 - 9
Fair or poor health	33	27%	17 - 37
Couldn't afford doctor visit	8	8%	2 - 15
High blood pressure	37	18%	12 - 24
High cholesterol	22	14%	8 - 20
No regular health care provider	3	2%	0 - 4
Overweight/obese (BMI >= 25)	47	8%	5 - 10
Obese (BMI >= 30)	31	16%	10 - 21
Not very healthy/full of energy	34	9%	6 - 13

*Respondents ever told they had diabetes, excluding diabetes limited to pregnancy only (among all respondents)

Table H: Sedentary Lifestyle*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	486	60%	56 - 64
Age Group			
18-24	39	53%	40 - 66
25-34	89	63%	55 - 72
35-44	108	65%	57 - 72
45-54	94	59%	51 - 68
55-64	60	58%	47 - 68
65-74	54	58%	47 - 69
75+	42	64%	49 - 79
Gender			
Male	208	65%	59 - 71
Female	278	55%	50 - 60
Education			
< H.S. Grad	112	81%	73 - 88
High School Grad	152	60%	53 - 68
Some College	137	56%	48 - 63
College Graduate	82	42%	34 - 50
Income			
\$0-\$19,999	73	63%	51 - 75
\$20,000-\$34,999	164	67%	61 - 74
\$35,000-\$49,999	86	59%	50 - 68
\$50,000+	72	44%	36 - 53
Marital Status			
Married	271	60%	55 - 64
Divorced/Separated	84	65%	55 - 75
Widowed	55	64%	54 - 75
Never Mar./Unmar. Couple	73	58%	47 - 70
Employment			
Employed for Wages	273	57%	52 - 62
Self-Employed	39	62%	48 - 76
Not Emp for Wages	85	71%	62 - 80
Retired	84	58%	49 - 68
Ethnicity			
Hispanic	124	71%	63 - 79
Non Hispanic	360	55%	51 - 60
Other			
Limiting pain in last 30 days	84	58%	49 - 68
14+ of last 30 days anxious	92	64%	55 - 73
14+ of last 30 days sad	47	71%	59 - 83
Any activity limitation	74	63%	54 - 73
Diabetes	40	59%	45 - 73
No health insurance	55	65%	52 - 77
Fair or poor health	73	74%	65 - 84
Current smokers	114	64%	56 - 73
Chronic drinking	23	68%	48 - 88
Have a child at home	191	63%	58 - 69
No regular health care provider	101	68%	59 - 77
Overweight/obese (BMI >= 25)	271	57%	52 - 62
Obese (BMI >= 30)	113	64%	56 - 72

*Respondents reporting that they do not engage in leisure time exercise at least 3 times a week for at least 20 minutes each time (among all respondents)

Table I: No Regular Physical Activity*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	653	81%	77 - 84
Age Group			
18-24	57	77%	67 - 88
25-34	124	87%	81 - 93
35-44	138	79%	73 - 86
45-54	123	78%	71 - 85
55-64	82	80%	71 - 89
65-74	78	81%	71 - 90
75+	51	81%	69 - 94
Gender			
Male	262	83%	78 - 88
Female	391	78%	74 - 82
Education			
< H.S. Grad	128	92%	86 - 97
High School Grad	195	80%	73 - 86
Some College	191	78%	72 - 84
College Graduate	136	72%	65 - 79
Income			
\$0-\$19,999	90	77%	67 - 88
\$20,000-\$34,999	208	84%	79 - 89
\$35,000-\$49,999	118	81%	74 - 88
\$50,000+	115	73%	65 - 80
Marital Status			
Married	376	81%	77 - 85
Divorced/Separated	102	79%	71 - 87
Widowed	71	80%	71 - 89
Never Mar./Unmar. Couple	99	78%	69 - 88
Employment			
Employed for Wages	384	80%	76 - 84
Self-Employed	50	82%	71 - 93
Not Emp for Wages	99	81%	72 - 89
Retired	115	79%	72 - 87
Ethnicity			
Hispanic	153	87%	81 - 93
Non Hispanic	498	78%	74 - 81
Other			
Limiting pain in last 30 days	113	81%	73 - 89
14+ of last 30 days anxious	116	79%	72 - 87
14+ of last 30 days sad	58	83%	74 - 93
Any activity limitation	93	77%	68 - 85
Diabetes	51	76%	64 - 89
No health insurance	69	85%	77 - 93
Fair or poor health	91	89%	81 - 96
High blood pressure	160	82%	76 - 88
Current smokers	146	86%	79 - 92
No regular health care provider	126	87%	81 - 92
Overweight/obese (BMI >= 25)	374	80%	76 - 84
Obese (BMI >= 30)	147	83%	77 - 90
Not very healthy/full of energy	259	83%	78 - 88

*Respondents reporting that they do not engage in physical activity at least 5 times a week for at least 30 minutes each time (among all respondents)

Table J: Failed to Always Use Safety Seat Belt*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	368	47%	43 - 51
Age Group			
18-24	43	53%	41 - 66
25-34	72	54%	45 - 63
35-44	83	46%	37 - 54
45-54	68	41%	32 - 49
55-64	46	44%	34 - 54
65-74	34	38%	27 - 50
75+	22	43%	27 - 58
Gender			
Male	184	58%	52 - 64
Female	184	36%	31 - 40
Education			
< H.S. Grad	64	47%	37 - 57
High School Grad	125	56%	49 - 63
Some College	105	41%	34 - 48
College Graduate	74	42%	34 - 50
Income			
\$0-\$19,999	50	45%	33 - 56
\$20,000-\$34,999	122	52%	45 - 59
\$35,000-\$49,999	69	48%	40 - 57
\$50,000+	68	44%	35 - 52
Marital Status			
Married	203	44%	39 - 49
Divorced/Separated	72	59%	48 - 69
Widowed	25	27%	17 - 38
Never Mar./Unmar. Couple	68	56%	45 - 67
Employment			
Employed for Wages	238	50%	45 - 55
Self-Employed	33	50%	36 - 64
Not Emp for Wages	48	40%	30 - 51
Retired	49	39%	30 - 49
Ethnicity			
Hispanic	74	44%	36 - 53
Non Hispanic	294	48%	43 - 52
Other			
Limiting pain in last 30 days	69	52%	43 - 62
14+ of last 30 days anxious	76	54%	44 - 63
14+ of last 30 days sad	37	54%	39 - 69
No health insurance	46	56%	43 - 68
Current smokers	101	58%	49 - 66
Binge drinking	64	70%	60 - 79
Have a child at home	150	48%	42 - 54
Not enough rest or sleep	104	57%	49 - 64
Not very healthy/full of energy	154	57%	50 - 63

*Respondents reporting that they do not always use a seat belt (among all respondents)

**Table K: Child Aged 0 to 15 Years
Failed to Always Use Safety Restraint***

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	61	17%	12 - 21
Age Group of Selected Child			
0-4	2	4%	0 - 9
5-9	15	18%	9 - 26
10-15	44	28%	20 - 35
Education of Adult Respondent			
< H.S. Grad	14	16%	8 - 24
High School Grad	16	17%	9 - 25
Some College	19	18%	9 - 26
College Graduate	12	15%	6 - 24
Household Income			
\$0-\$19,999	9	25%	8 - 41
\$20,000-\$34,999	26	23%	14 - 32
\$35,000-\$49,999	12	14%	6 - 22
\$50,000+	10	14%	5 - 22
Marital Status of Adult Respondent			
Married	43	17%	12 - 21
Divorced/Separated	11	27%	11 - 43
Widowed	1	28%	0 - 100
Never Mar./Unmar. Couple	6	8%	1 - 15
Ethnicity of Adult Respondent			
Hispanic	22	16%	9 - 23
Non Hispanic	39	17%	12 - 22

*Respondents reporting that their oldest child between the ages of 0-15 is not always restrained by safety seat or seat belt (among children ages 0-15, weighted for children ages 0-17)

Table L: Have a Child at Home*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	330	44%	40 - 48
Age Group			
18-24	36	42%	30 - 55
25-34	108	75%	68 - 83
35-44	124	73%	66 - 81
45-54	56	38%	29 - 46
55-64	5	6%	1 - 12
65-74	1	1%	0 - 3
75+	0	0%	-
Gender			
Male	121	41%	35 - 47
Female	209	46%	41 - 51
Education			
< H.S. Grad	74	58%	48 - 67
High School Grad	91	42%	35 - 49
Some College	96	40%	33 - 47
College Graduate	69	36%	29 - 44
Income			
\$0-\$19,999	35	35%	23 - 46
\$20,000-\$34,999	100	46%	39 - 53
\$35,000-\$49,999	68	48%	39 - 57
\$50,000+	74	45%	36 - 53
Marital Status			
Married	236	52%	47 - 56
Divorced/Separated	44	31%	21 - 40
Widowed	4	5%	0 - 11
Never Mar./Unmar. Couple	45	36%	26 - 47
Employment			
Employed for Wages	235	49%	44 - 54
Self-Employed	31	52%	38 - 66
Not Emp for Wages	64	56%	46 - 67
Retired	0	0%	-
Ethnicity			
Hispanic	119	65%	57 - 74
Non Hispanic	211	35%	30 - 39
Other			
Limiting pain in last 30 days	44	35%	26 - 44
14+ of last 30 days anxious	66	50%	40 - 60
14+ of last 30 days sad	26	47%	32 - 63
Any activity limitation	28	25%	15 - 35
Diabetes	10	20%	8 - 32
No health insurance	49	60%	47 - 73
Fair or poor health	22	29%	17 - 41
Couldn't afford doctor visit	47	65%	52 - 78
Current smokers	69	43%	35 - 52
Overweight/obese (BMI >= 25)	166	40%	35 - 45
Not enough rest or sleep	103	53%	45 - 61
Not very healthy/full of energy	121	43%	37 - 50

*Respondents reporting having at least one child age 17 or under at home (among all respondents)

Table M: Smokes Cigarettes*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	174	20%	17 - 23
Age Group			
18-24	13	17%	8 - 27
25-34	26	18%	11 - 25
35-44	43	24%	16 - 32
45-54	49	27%	19 - 34
55-64	21	20%	12 - 29
65-74	14	14%	6 - 22
75+	8	15%	3 - 26
Gender			
Male	84	25%	20 - 30
Female	90	15%	12 - 19
Education			
< H.S. Grad	34	21%	13 - 29
High School Grad	58	23%	17 - 29
Some College	59	24%	18 - 30
College Graduate	23	9%	5 - 14
Income			
\$0-\$19,999	26	23%	12 - 33
\$20,000-\$34,999	62	25%	18 - 31
\$35,000-\$49,999	27	18%	11 - 26
\$50,000+	35	20%	13 - 26
Marital Status			
Married	83	18%	14 - 22
Divorced/Separated	46	30%	22 - 39
Widowed	16	17%	9 - 25
Never Mar./Unmar. Couple	28	23%	14 - 32
Employment			
Employed for Wages	113	22%	17 - 26
Self-Employed	10	16%	5 - 26
Not Emp for Wages	25	18%	10 - 27
Retired	26	19%	12 - 27
Ethnicity			
Hispanic	30	16%	10 - 23
Non Hispanic	144	22%	18 - 25
Other			
Limiting pain in last 30 days	39	23%	16 - 31
14+ of last 30 days anxious	50	35%	26 - 45
14+ of last 30 days sad	26	37%	21 - 52
Any activity limitation	33	24%	15 - 34
No health insurance	21	20%	11 - 30
Fair or poor health	33	31%	20 - 42
Chronic drinking	18	44%	24 - 64
Binge drinking	43	38%	27 - 49
Have a child at home	69	20%	15 - 25
Diagnosed with depression	29	30%	18 - 42
No smoke detector	55	25%	18 - 33
Lost six or more teeth	41	33%	24 - 43

*Respondents who reported smoking cigarettes some days or all days (among all respondents).

Table N: Smokeless Tobacco Use Among Males*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	36	11%	7 - 15
Age Group			
18-44	23	14%	8 - 20
45-64	10	8%	3 - 13
65+	3	6%	0 - 14
Education			
< H.S. Grad	4	6%	0 - 13
High School Grad	10	12%	4 - 19
Some College	13	14%	6 - 23
College Graduate	9	13%	4 - 21
Income			
\$0-\$34,999	15	10%	5 - 16
\$35,000-\$49,999	6	6%	1 - 11
\$50,000+	12	20%	9 - 32
Marital Status			
Married	17	9%	5 - 14
Divorced/Separated	7	9%	2 - 15
Widowed	1	7%	0 - 23
Never Mar./Unmar. Couple	10	17%	6 - 28
Employment			
Employed for Wages	29	14%	8 - 19
Self-Employed	3	10%	0 - 22
Not Emp for Wages	2	3%	0 - 8
Retired	2	5%	0 - 11
Ethnicity			
Hispanic	2	4%	0 - 10
Non Hispanic	34	15%	10 - 20
Other			
14+ of last 30 days anxious	9	20%	7 - 33
High blood pressure	11	19%	8 - 30
Current smokers	8	8%	2 - 14
Chronic drinking	4	20%	0 - 41
Binge drinking	15	29%	15 - 43
Possibly depressed	9	19%	5 - 33

*Males who reported currently using smokeless tobacco (among all male respondents).

Table O: Overweight*
BMI \geq 27.8 (M) or \geq 27.3 (F)

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	302	39%	35 - 43
Age Group			
18-24	16	26%	14 - 38
25-34	35	28%	19 - 37
35-44	69	42%	34 - 51
45-54	70	49%	40 - 58
55-64	59	61%	51 - 72
65-74	39	38%	27 - 49
75+	14	20%	9 - 31
Gender			
Male	126	38%	32 - 44
Female	176	39%	34 - 44
Education			
< H.S. Grad	47	38%	27 - 48
High School Grad	96	37%	31 - 44
Some College	95	40%	33 - 47
College Graduate	63	38%	30 - 47
Income			
\$0-\$19,999	45	43%	30 - 55
\$20,000-\$34,999	80	33%	27 - 40
\$35,000-\$49,999	60	39%	31 - 48
\$50,000+	67	43%	34 - 52
Marital Status			
Married	182	41%	36 - 46
Divorced/Separated	54	40%	30 - 51
Widowed	27	31%	20 - 42
Never Mar./Unmar. Couple	38	32%	21 - 42
Employment			
Employed for Wages	184	40%	35 - 45
Self-Employed	23	34%	21 - 47
Not Emp for Wages	44	40%	29 - 52
Retired	49	34%	25 - 43
Ethnicity			
Hispanic	55	39%	29 - 48
Non Hispanic	247	39%	34 - 43
Other			
Limiting pain in last 30 days	63	46%	36 - 56
14+ of last 30 days anxious	73	51%	41 - 60
14+ of last 30 days sad	32	48%	33 - 64
Any activity limitation	62	55%	44 - 66
Diabetes	43	74%	61 - 88
Sedentary lifestyle	185	41%	36 - 47
No health insurance	25	30%	18 - 42
Fair or poor health	58	64%	52 - 75
Couldn't afford doctor visit	39	59%	44 - 73
High blood pressure	103	55%	48 - 63
High cholesterol	75	54%	45 - 64
Not very healthy/full of energy	129	43%	37 - 50
Diagnosed with depression	35	48%	35 - 60
Concerned about food	226	41%	36 - 46

*Overweight by National Health and Nutrition Examination standard: body mass index \geq 27.8 for males, \geq 27.3 for females.

Table P: Overweight or Obese*
BMI \geq 25

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	473	62%	58 - 66
Age Group			
18-24	30	48%	34 - 62
25-34	69	55%	45 - 64
35-44	101	64%	55 - 72
45-54	102	73%	65 - 81
55-64	74	74%	64 - 83
65-74	63	67%	56 - 78
75+	34	56%	41 - 71
Gender			
Male	222	70%	64 - 76
Female	251	54%	49 - 60
Education			
< H.S. Grad	72	61%	50 - 72
High School Grad	136	58%	51 - 66
Some College	156	66%	59 - 73
College Graduate	108	64%	56 - 71
Income			
\$0-\$19,999	70	71%	60 - 82
\$20,000-\$34,999	138	60%	53 - 68
\$35,000-\$49,999	90	61%	52 - 70
\$50,000+	102	66%	58 - 74
Marital Status			
Married	278	65%	60 - 70
Divorced/Separated	85	67%	57 - 77
Widowed	47	55%	43 - 66
Never Mar./Unmar. Couple	60	52%	40 - 64
Employment			
Employed for Wages	287	64%	59 - 69
Self-Employed	39	65%	51 - 78
Not Emp for Wages	59	55%	43 - 67
Retired	86	63%	54 - 72
Ethnicity			
Hispanic	86	63%	54 - 72
Non Hispanic	387	62%	58 - 66
Other			
Limiting pain in last 30 days	94	71%	62 - 80
14+ of last 30 days anxious	98	68%	58 - 77
14+ of last 30 days sad	42	61%	46 - 77
Any activity limitation	76	66%	55 - 76
Diabetes	47	78%	65 - 91
Sedentary lifestyle	271	61%	55 - 66
No health insurance	42	57%	43 - 70
Fair or poor health	68	71%	61 - 82
Couldn't afford doctor visit	50	71%	57 - 85
High blood pressure	139	75%	68 - 82
High cholesterol	101	73%	64 - 81
Chronic drinking	22	76%	60 - 93

*Overweight or obese by National Heart, Lung, and Blood Institute standard: body mass index \geq 25 (among all respondents).

**Table Q: Obese*
BMI >= 30**

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	176	22%	19 - 26
Age Group			
18-24	10	17%	6 - 27
25-34	19	15%	8 - 22
35-44	40	25%	18 - 33
45-54	37	24%	17 - 32
55-64	37	38%	28 - 48
65-74	26	25%	16 - 34
75+	7	7%	2 - 13
Gender			
Male	71	21%	16 - 26
Female	105	24%	19 - 28
Education			
< H.S. Grad	25	18%	11 - 26
High School Grad	53	21%	15 - 27
Some College	60	27%	20 - 34
College Graduate	37	20%	14 - 27
Income			
\$0-\$19,999	30	32%	20 - 44
\$20,000-\$34,999	45	18%	13 - 23
\$35,000-\$49,999	29	19%	12 - 26
\$50,000+	41	25%	17 - 33
Marital Status			
Married	110	24%	20 - 29
Divorced/Separated	26	17%	10 - 24
Widowed	17	20%	11 - 29
Never Mar./Unmar. Couple	22	19%	10 - 28
Employment			
Employed for Wages	97	21%	17 - 25
Self-Employed	17	27%	15 - 39
Not Emp for Wages	28	26%	16 - 37
Retired	32	22%	14 - 30
Ethnicity			
Hispanic	30	21%	13 - 28
Non Hispanic	146	23%	19 - 27
Other			
Limiting pain in last 30 days	36	24%	16 - 31
14+ of last 30 days anxious	45	30%	21 - 40
14+ of last 30 days sad	22	33%	18 - 48
Any activity limitation	41	38%	27 - 49
Diabetes	31	57%	42 - 71
Sedentary lifestyle	113	25%	20 - 30
No health insurance	14	18%	8 - 28
Fair or poor health	34	37%	24 - 49
Couldn't afford doctor visit	21	34%	19 - 48
High blood pressure	69	38%	30 - 46
High cholesterol	42	29%	21 - 37
Binge drinking	19	19%	10 - 29
Passive smoke	23	30%	18 - 42

*Obese by National Heart, Lung, and Blood Institute standard:
body mass index >= 30 (among all respondents).

**Table R: Lacked Recent
Mammogram***

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	46	19%	14 - 25
Age Group			
50-69	29	21%	14 - 29
70+	17	16%	8 - 23
Education			
< H.S. Grad	8	35%	12 - 59
High School Grad	18	23%	13 - 34
Some College	11	12%	5 - 19
College Graduate	9	18%	6 - 29
Income			
\$0-\$19,999	6	15%	3 - 27
\$20,000-\$34,999	17	27%	15 - 39
\$35,000-\$49,999	8	27%	9 - 44
\$50,000+	5	11%	1 - 22
Marital Status			
Married	24	19%	12 - 27
Divorced/Separated	5	15%	2 - 29
Widowed	17	22%	12 - 32
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	14	17%	8 - 26
Self-Employed	2	16%	0 - 41
Not Emp for Wages	9	30%	12 - 48
Retired	21	18%	10 - 25
Ethnicity			
Hispanic	6	36%	8 - 64
Non Hispanic	40	18%	13 - 23
Other			
Any activity limitation	7	10%	2 - 18
Sedentary lifestyle	34	27%	19 - 36
Fair or poor health	9	21%	8 - 35
Lacked clinical breast exam	29	60%	45 - 76
Lacked pap smear	24	74%	55 - 92

*Female respondents aged 50 and older who had not had a
mammogram within the past two years (among women ages 50
and older).

Table S: Lacked Recent Clinical Breast Exam*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	48	20%	15 - 26
Age Group			
50-69	29	21%	14 - 28
70+	19	19%	10 - 27
Education			
< H.S. Grad	7	34%	10 - 58
High School Grad	19	21%	12 - 30
Some College	12	15%	6 - 23
College Graduate	10	21%	9 - 34
Income			
\$0-\$19,999	9	25%	10 - 40
\$20,000-\$34,999	15	19%	9 - 29
\$35,000-\$49,999	5	21%	4 - 37
\$50,000+	7	15%	4 - 27
Marital Status			
Married	23	19%	11 - 26
Divorced/Separated	6	20%	4 - 35
Widowed	19	26%	15 - 37
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	11	14%	6 - 22
Self-Employed	2	15%	0 - 38
Not Emp for Wages	10	31%	13 - 49
Retired	25	22%	14 - 30
Ethnicity			
Hispanic	6	37%	8 - 65
Non Hispanic	42	19%	13 - 24
Other			
14+ of last 30 days sad	8	26%	8 - 43
Any activity limitation	12	19%	8 - 29
Diabetes	8	28%	9 - 47
Sedentary lifestyle	32	25%	16 - 33
Fair or poor health	7	12%	3 - 20
Lacked mammogram	29	65%	49 - 81
Lacked pap smear	19	62%	41 - 83

*Female respondents aged 50 and older who had not had a clinical breast exam within the past two years (among women ages 50 and older).

Table T: Lacked Clinical Breast Exam, Mammogram, or Both*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	65	28%	21 - 34
Age Group			
50-69	41	30%	22 - 38
70+	24	23%	14 - 32
Education			
< H.S. Grad	12	54%	30 - 79
High School Grad	25	30%	19 - 41
Some College	16	19%	10 - 29
College Graduate	12	24%	11 - 36
Income			
\$0-\$19,999	12	31%	15 - 48
\$20,000-\$34,999	20	30%	18 - 42
\$35,000-\$49,999	9	31%	12 - 50
\$50,000+	9	21%	8 - 34
Marital Status			
Married	33	27%	19 - 35
Divorced/Separated	8	26%	9 - 43
Widowed	24	32%	21 - 43
Never Mar./Unmar. Couple	0	0%	-
Employment			
Employed for Wages	18	23%	13 - 34
Self-Employed	3	24%	0 - 52
Not Emp for Wages	14	44%	25 - 63
Retired	30	25%	17 - 34
Ethnicity			
Hispanic	8	52%	23 - 82
Non Hispanic	57	25%	19 - 31
Other			
14+ of last 30 days sad	10	31%	12 - 49
Any activity limitation	14	22%	11 - 33
Diabetes	11	39%	19 - 59
Sedentary lifestyle	44	35%	26 - 44
Fair or poor health	13	28%	13 - 42
Lacked pap smear	24	74%	55 - 92
Had hysterectomy	27	24%	15 - 32

*Female respondents aged 50 and older who had not had a clinical breast exam, a mammogram, or both within the past two years (among women ages 50 and older).

Table U: Lacked Recent Pap Smear Test*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	72	20%	15 - 25
Age Group			
18-39	27	17%	10 - 24
40-49	14	22%	10 - 33
50-69	18	22%	12 - 32
70+	13	30%	14 - 46
Education			
< H.S. Grad	14	31%	15 - 46
High School Grad	21	20%	11 - 29
Some College	20	14%	7 - 20
College Graduate	17	19%	10 - 29
Income			
\$0-\$19,999	17	38%	21 - 55
\$20,000-\$34,999	16	16%	7 - 25
\$35,000-\$49,999	10	11%	4 - 19
\$50,000+	12	20%	9 - 32
Marital Status			
Married	31	14%	9 - 20
Divorced/Separated	14	33%	16 - 49
Widowed	13	33%	17 - 49
Never Mar./Unmar. Couple	14	30%	14 - 47
Employment			
Employed for Wages	40	18%	12 - 24
Self-Employed	3	10%	0 - 23
Not Emp for Wages	12	20%	8 - 31
Retired	17	36%	21 - 52
Ethnicity			
Hispanic	19	24%	13 - 34
Non Hispanic	53	18%	13 - 23
Other			
Limiting pain in last 30 days	10	18%	6 - 31
Any activity limitation	6	9%	1 - 17
Diabetes	6	23%	4 - 42
Sedentary lifestyle	44	24%	16 - 31
No health insurance	15	35%	18 - 53
Fair or poor health	7	25%	7 - 43
Couldn't afford doctor visit	13	27%	12 - 41
Lacked mammogram	24	81%	64 - 99
Lacked clinical breast exam	19	62%	41 - 83
Lacked mammogram and CBE	24	62%	43 - 81
No regular health care provider	18	35%	19 - 50

*Female respondents who had not had a pap smear within the past two years (among women ages 18 and older with a uterine cervix).

Table V: Women with Hysterectomy*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	140	24%	20 - 28
Age Group			
18-24	0	0%	-
25-34	1	1%	0 - 3
35-44	14	18%	8 - 27
45-54	30	31%	21 - 42
55-64	32	53%	39 - 67
65-74	36	50%	38 - 63
75+	27	55%	39 - 71
Education			
< H.S. Grad	18	21%	10 - 31
High School Grad	46	25%	18 - 32
Some College	48	26%	19 - 33
College Graduate	28	24%	15 - 32
Income			
\$0-\$19,999	28	31%	19 - 42
\$20,000-\$34,999	42	29%	21 - 37
\$35,000-\$49,999	16	16%	8 - 25
\$50,000+	28	26%	17 - 36
Marital Status			
Married	72	24%	19 - 29
Divorced/Separated	22	29%	18 - 41
Widowed	44	54%	42 - 65
Never Mar./Unmar. Couple	2	3%	0 - 7
Employment			
Employed for Wages	53	18%	13 - 23
Self-Employed	10	32%	14 - 51
Not Emp for Wages	22	18%	10 - 26
Retired	55	53%	42 - 63
Ethnicity			
Hispanic	13	11%	4 - 18
Non Hispanic	127	29%	24 - 34
Other			
Limiting pain in last 30 days	38	34%	23 - 44
14+ of last 30 days anxious	35	32%	21 - 42
14+ of last 30 days sad	23	33%	19 - 47
Any activity limitation	40	43%	31 - 54
Diabetes	16	29%	15 - 43
Sedentary lifestyle	86	27%	22 - 33
No health insurance	9	10%	3 - 17
Fair or poor health	32	42%	29 - 54
Couldn't afford doctor visit	9	13%	3 - 23
High blood pressure	59	40%	31 - 49
High cholesterol	42	46%	34 - 57
Lacked mammogram	15	34%	18 - 49
Lacked clinical breast exam	19	38%	23 - 53
Lacked mammogram and CBE	27	40%	27 - 53
Binge drinking	3	10%	0 - 20

*Female respondents who reported having had a hysterectomy (among women respondents).

Table W: Lacked Influenza Vaccination*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	564	71%	68 - 75
Age Group			
18-24	63	80%	69 - 90
25-34	123	86%	80 - 92
35-44	137	81%	74 - 87
45-54	113	71%	63 - 79
55-64	62	58%	47 - 68
65-74	47	47%	36 - 59
75+	19	32%	18 - 47
Gender			
Male	225	70%	65 - 76
Female	339	72%	68 - 76
Education			
< H.S. Grad	104	77%	68 - 85
High School Grad	159	70%	64 - 77
Some College	180	72%	66 - 78
College Graduate	121	65%	57 - 73
Income			
\$0-\$19,999	73	72%	62 - 82
\$20,000-\$34,999	170	67%	61 - 74
\$35,000-\$49,999	108	76%	68 - 83
\$50,000+	117	73%	65 - 81
Marital Status			
Married	325	71%	67 - 76
Divorced/Separated	102	73%	62 - 83
Widowed	40	47%	36 - 59
Never Mar./Unmar. Couple	96	78%	68 - 87
Employment			
Employed for Wages	364	75%	70 - 79
Self-Employed	52	82%	71 - 93
Not Emp for Wages	88	78%	70 - 86
Retired	60	44%	34 - 53
Ethnicity			
Hispanic	132	78%	71 - 85
Non Hispanic	432	68%	64 - 72
Other			
Any activity limitation	66	56%	45 - 66
Diabetes	37	60%	47 - 74
No health insurance	76	90%	82 - 99
Fair or poor health	63	68%	58 - 79
Couldn't afford doctor visit	66	87%	77 - 97
High blood pressure	113	56%	49 - 64
High cholesterol	77	51%	42 - 60
Current smokers	128	75%	67 - 83
No regular health care provider	123	80%	72 - 88

*Respondents who had not received a vaccine to prevent influenza in the last 12 months (among all respondents).

Table X: Lacked Pneumonia Vaccination*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	635	81%	78 - 84
Age Group			
18-24	67	87%	78 - 97
25-34	129	92%	88 - 97
35-44	150	91%	86 - 95
45-54	137	86%	80 - 92
55-64	83	77%	68 - 86
65-74	44	50%	38 - 62
75+	25	42%	27 - 56
Gender			
Male	245	80%	75 - 85
Female	390	82%	78 - 85
Education			
< H.S. Grad	114	88%	82 - 95
High School Grad	181	81%	75 - 86
Some College	195	79%	73 - 85
College Graduate	145	76%	69 - 83
Income			
\$0-\$19,999	80	75%	65 - 85
\$20,000-\$34,999	199	84%	78 - 89
\$35,000-\$49,999	119	84%	78 - 90
\$50,000+	133	82%	74 - 89
Marital Status			
Married	373	82%	78 - 86
Divorced/Separated	106	84%	76 - 93
Widowed	45	53%	42 - 65
Never Mar./Unmar. Couple	108	83%	74 - 93
Employment			
Employed for Wages	420	87%	83 - 90
Self-Employed	49	86%	76 - 97
Not Emp for Wages	105	89%	83 - 96
Retired	61	46%	37 - 56
Ethnicity			
Hispanic	149	89%	84 - 95
Non Hispanic	486	77%	74 - 81
Other			
Limiting pain in last 30 days	102	77%	68 - 85
Diabetes	38	62%	48 - 76
No health insurance	74	93%	87 - 98
Fair or poor health	68	68%	57 - 79
Couldn't afford doctor visit	64	88%	79 - 96
High blood pressure	125	62%	54 - 69
High cholesterol	96	65%	55 - 74
Current smokers	143	88%	83 - 93
No regular health care provider	133	89%	83 - 95

*Respondents who had never received a vaccine to prevent pneumococcal disease (among all respondents).

Table Y: Self-Reported HIV Risk*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	21	4%	2 - 5
Age Group			
18-34	9	6%	1 - 10
35-64	12	2%	1 - 3
Gender			
Male	10	5%	1 - 9
Female	11	2%	1 - 3
Education			
< H.S. Grad	7	8%	1 - 15
High School Grad	1	1%	0 - 4
Some College	5	2%	0 - 4
College Graduate	8	4%	1 - 7
Income			
\$0-\$34,999	9	5%	1 - 9
\$35,000-\$49,999	3	1%	0 - 3
\$50,000+	7	4%	1 - 7
Marital Status			
Married	4	1%	0 - 1
Divorced/Separated	7	6%	1 - 11
Widowed	0	0%	-
Never Mar./Unmar. Couple	10	11%	3 - 19
Employment			
Employed for Wages	17	3%	1 - 5
Self-Employed	1	5%	0 - 16
Not Emp for Wages	3	4%	0 - 10
Retired	0	0%	-
Ethnicity			
Hispanic	4	3%	0 - 7
Non Hispanic	17	4%	2 - 6

*Respondents younger than 65 with self-reported risk for HIV as medium or high (among respondents aged 18 to 64).

Table Z: Any Activity Limitation*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	123	12%	10 - 15
Age Group			
18-24	2	1%	0 - 3
25-34	13	7%	3 - 11
35-44	16	10%	4 - 16
45-54	28	14%	8 - 19
55-64	17	16%	8 - 24
65-74	22	24%	14 - 34
75+	25	42%	27 - 57
Gender			
Male	31	9%	6 - 13
Female	92	15%	12 - 19
Education			
< H.S. Grad	20	10%	5 - 15
High School Grad	37	12%	8 - 16
Some College	40	14%	9 - 19
College Graduate	26	13%	7 - 18
Income			
\$0-\$19,999	30	24%	14 - 35
\$20,000-\$34,999	32	10%	6 - 13
\$35,000-\$49,999	15	9%	4 - 14
\$50,000+	25	13%	8 - 19
Marital Status			
Married	62	12%	9 - 15
Divorced/Separated	22	16%	8 - 24
Widowed	24	26%	16 - 37
Never Mar./Unmar. Couple	14	6%	3 - 9
Employment			
Employed for Wages	47	7%	5 - 10
Self-Employed	8	13%	4 - 22
Not Emp for Wages	26	17%	9 - 25
Retired	41	29%	20 - 37
Ethnicity			
Hispanic	11	5%	1 - 9
Non Hispanic	112	15%	12 - 18
Other			
Limiting pain in last 30 days	60	38%	28 - 47
14+ of last 30 days anxious	37	23%	14 - 32
14+ of last 30 days sad	28	38%	23 - 53
Diabetes	24	38%	25 - 52
Sedentary lifestyle	74	13%	10 - 16
Fair or poor health	52	47%	34 - 59
Couldn't afford doctor visit	19	20%	9 - 32
High blood pressure	53	23%	17 - 29
Overweight/obese (BMI >= 25)	76	14%	10 - 17

*Respondents who reported that they had any limitation in any activities due to any impairment or health problem (among all respondents).

Table AA: Pain Limited Usual Activity*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	142	16%	13 - 19
Age Group			
18-24	7	8%	2 - 13
25-34	19	13%	7 - 20
35-44	22	13%	8 - 19
45-54	43	25%	17 - 32
55-64	16	13%	6 - 20
65-74	17	21%	10 - 32
75+	18	34%	19 - 50
Gender			
Male	45	13%	9 - 18
Female	97	19%	15 - 23
Education			
< H.S. Grad	24	13%	7 - 19
High School Grad	41	17%	11 - 22
Some College	40	15%	10 - 19
College Graduate	37	21%	14 - 28
Income			
\$0-\$19,999	26	25%	14 - 35
\$20,000-\$34,999	36	13%	8 - 18
\$35,000-\$49,999	32	21%	14 - 28
\$50,000+	28	17%	10 - 24
Marital Status			
Married	76	16%	13 - 20
Divorced/Separated	27	20%	12 - 29
Widowed	21	23%	13 - 32
Never Mar./Unmar. Couple	16	11%	5 - 16
Employment			
Employed for Wages	82	15%	12 - 19
Self-Employed	8	16%	5 - 27
Not Emp for Wages	21	13%	7 - 20
Retired	31	23%	15 - 32
Ethnicity			
Hispanic	18	8%	4 - 12
Non Hispanic	124	19%	16 - 23
Other			
14+ of last 30 days anxious	47	31%	23 - 40
14+ of last 30 days sad	30	44%	30 - 58
Any activity limitation	60	52%	42 - 63
Diabetes	21	33%	20 - 47
Sedentary lifestyle	84	16%	12 - 19
No health insurance	14	12%	4 - 19
Fair or poor health	44	39%	28 - 51
Couldn't afford doctor visit	18	17%	8 - 25
Current smokers	39	19%	13 - 25
Overweight/obese (BMI >= 25)	94	19%	15 - 23

*Respondents who reported 1 or more days in the past 30 where they had pain that limited their activity (among all respondents).

Table BB: Personal Care Limitation*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	43	5%	3 - 6
Age Group			
18-44	17	5%	2 - 7
45-64	11	3%	1 - 5
65-74	4	3%	0 - 6
75+	11	15%	5 - 25
Gender			
Male	9	4%	1 - 6
Female	34	6%	4 - 8
Education			
< H.S. Grad	18	11%	5 - 17
HS Grad or Some College	15	2%	1 - 4
College Graduate	8	3%	1 - 6
Income			
\$0-\$19,999	11	8%	2 - 14
\$20,000-\$34,999	9	4%	1 - 7
\$35,000+	6	1%	0 - 2
Marital Status			
Married	21	5%	2 - 7
Divorced/Separated	7	6%	1 - 11
Widowed	9	8%	3 - 14
Never Mar./Unmar. Couple	4	2%	0 - 4
Employment			
Employed for Wages	12	3%	1 - 5
Self-Employed	2	4%	0 - 10
Not Emp for Wages	13	8%	3 - 13
Retired	13	8%	3 - 12
Ethnicity			
Hispanic	12	7%	2 - 11
Non Hispanic	29	4%	2 - 5
Other			
Limiting pain in last 30 days	15	8%	3 - 12
14+ of last 30 days sad	6	5%	1 - 10
Any activity limitation	19	12%	6 - 18
Diabetes	5	5%	0 - 11
Sedentary lifestyle	30	6%	4 - 9
No health insurance	6	8%	1 - 15
Couldn't afford doctor visit	5	7%	1 - 13
Lacked pap smear	2	2%	0 - 4
Have a child at home	18	6%	3 - 9
No regular health care provider	5	4%	0 - 7
Had hysterectomy	12	6%	3 - 10
No dental health care coverage	12	3%	1 - 5
Concerned about food	6	3%	0 - 6

*Respondents reporting needing help with personal care needs, such as eating, bathing, dressing, or getting around the house (among all respondents)

Table CC: Routine Needs Limitation*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	52	6%	4 - 8
Age Group			
18-44	19	6%	3 - 9
45-64	13	4%	2 - 7
65-74	6	4%	1 - 8
75+	14	18%	7 - 28
Gender			
Male	11	5%	2 - 8
Female	41	7%	5 - 9
Education			
< H.S. Grad	17	11%	5 - 17
HS Grad or Some College	25	5%	2 - 7
College Graduate	8	3%	1 - 6
Income			
\$0-\$19,999	15	14%	4 - 23
\$20,000-\$34,999	13	5%	2 - 8
\$35,000+	7	2%	0 - 3
Marital Status			
Married	26	6%	3 - 9
Divorced/Separated	8	7%	2 - 12
Widowed	12	11%	5 - 17
Never Mar./Unmar. Couple	4	2%	0 - 4
Employment			
Employed for Wages	12	3%	1 - 5
Self-Employed	2	4%	0 - 10
Not Emp for Wages	19	14%	6 - 21
Retired	16	9%	4 - 14
Ethnicity			
Hispanic	14	9%	3 - 14
Non Hispanic	36	4%	3 - 6
Other			
Limiting pain in last 30 days	21	11%	6 - 16
Any activity limitation	28	22%	12 - 32
Diabetes	7	9%	2 - 16
Sedentary lifestyle	35	8%	4 - 11
No health insurance	7	9%	2 - 16
Fair or poor health	24	23%	12 - 34
Couldn't afford doctor visit	6	12%	1 - 24
No regular physical activity	43	6%	4 - 9
Male smokeless tobacco use	1	1%	0 - 4
Have a child at home	20	8%	4 - 12
No dental health care coverage	19	5%	2 - 9
Lacked emotional support	3	4%	0 - 8
Concerned about food	10	9%	1 - 17

*Respondents reporting needing help with routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes (among all respondents)

Table DD: Sad, Blue, Depressed*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	72	8%	6 - 10
Age Group			
18-24	3	5%	0 - 10
25-34	13	7%	3 - 12
35-44	15	10%	4 - 17
45-54	12	7%	3 - 11
55-64	11	8%	3 - 13
65-74	9	6%	2 - 11
75+	9	14%	3 - 25
Gender			
Male	12	4%	1 - 7
Female	60	12%	8 - 15
Education			
< H.S. Grad	11	6%	2 - 11
High School Grad	23	7%	4 - 10
Some College	25	11%	6 - 16
College Graduate	13	5%	2 - 8
Income			
\$0-\$19,999	19	18%	7 - 28
\$20,000-\$34,999	22	7%	4 - 11
\$35,000-\$49,999	7	6%	0 - 11
\$50,000+	10	4%	2 - 7
Marital Status			
Married	31	7%	4 - 10
Divorced/Separated	14	9%	4 - 14
Widowed	19	21%	12 - 30
Never Mar./Unmar. Couple	8	7%	1 - 12
Employment			
Employed for Wages	39	7%	4 - 10
Self-Employed	5	7%	0 - 14
Not Emp for Wages	14	10%	3 - 18
Retired	14	8%	3 - 14
Ethnicity			
Hispanic	12	6%	2 - 11
Non Hispanic	60	8%	6 - 11
Other			
Limiting pain in last 30 days	30	19%	12 - 27
14+ of last 30 days anxious	54	37%	28 - 47
Any activity limitation	28	23%	13 - 33
Diabetes	12	19%	7 - 31
No health insurance	9	5%	1 - 9
Fair or poor health	24	23%	11 - 34
Couldn't afford doctor visit	16	21%	8 - 33
Current smokers	26	14%	7 - 21
Overweight/obese (BMI >= 25)	42	8%	5 - 11

*Respondents who reported 14 or more days in the past 30 where they felt sad, blue, or depressed (among all respondents).

Table EE: Worried, Tense, Anxious*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	149	17%	14 - 20
Age Group			
18-24	11	12%	4 - 20
25-34	33	20%	13 - 27
35-44	37	23%	15 - 31
45-54	34	22%	14 - 29
55-64	18	15%	8 - 23
65-74	7	6%	1 - 10
75+	9	14%	3 - 25
Gender			
Male	47	14%	10 - 18
Female	102	20%	16 - 25
Education			
< H.S. Grad	18	10%	5 - 15
High School Grad	41	14%	10 - 19
Some College	54	23%	17 - 30
College Graduate	35	18%	12 - 25
Income			
\$0-\$19,999	26	25%	13 - 36
\$20,000-\$34,999	46	17%	12 - 22
\$35,000-\$49,999	28	22%	13 - 30
\$50,000+	35	19%	12 - 25
Marital Status			
Married	75	16%	13 - 20
Divorced/Separated	37	24%	16 - 32
Widowed	18	22%	12 - 31
Never Mar./Unmar. Couple	19	15%	8 - 23
Employment			
Employed for Wages	100	19%	15 - 23
Self-Employed	10	16%	6 - 27
Not Emp for Wages	26	17%	9 - 26
Retired	13	9%	3 - 14
Ethnicity			
Hispanic	18	9%	4 - 14
Non Hispanic	131	20%	17 - 24
Other			
Limiting pain in last 30 days	47	32%	23 - 41
14+ of last 30 days sad	54	84%	74 - 93
Any activity limitation	37	31%	21 - 42
Diabetes	14	21%	9 - 33
No health insurance	15	12%	5 - 19
Fair or poor health	27	24%	13 - 35
Couldn't afford doctor visit	27	33%	19 - 47
Current smokers	50	29%	21 - 38
Have a child at home	66	20%	15 - 25
Overweight/obese (BMI >= 25)	98	20%	16 - 24

*Respondents who reported 14 or more days in the past 30 where they felt worried, tense, or anxious (among all respondents).

Table FF: Not Enough Rest or Sleep*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	206	26%	22 - 29
Age Group			
18-24	22	24%	14 - 35
25-34	59	39%	30 - 48
35-44	51	31%	23 - 39
45-54	36	20%	13 - 27
55-64	18	17%	9 - 25
65-74	15	19%	9 - 29
75+	5	10%	0 - 22
Gender			
Male	73	24%	18 - 29
Female	133	27%	23 - 32
Education			
< H.S. Grad	21	17%	9 - 25
High School Grad	67	29%	22 - 36
Some College	63	26%	20 - 32
College Graduate	55	29%	21 - 36
Income			
\$0-\$19,999	26	21%	12 - 31
\$20,000-\$34,999	64	25%	18 - 31
\$35,000-\$49,999	46	35%	26 - 44
\$50,000+	42	26%	19 - 34
Marital Status			
Married	117	25%	21 - 30
Divorced/Separated	37	32%	21 - 42
Widowed	15	17%	8 - 25
Never Mar./Unmar. Couple	37	26%	17 - 35
Employment			
Employed for Wages	134	27%	22 - 31
Self-Employed	18	31%	17 - 45
Not Emp for Wages	38	30%	20 - 40
Retired	15	13%	6 - 20
Ethnicity			
Hispanic	34	20%	13 - 26
Non Hispanic	172	28%	24 - 32
Other			
Limiting pain in last 30 days	58	40%	30 - 49
14+ of last 30 days anxious	81	55%	46 - 65
14+ of last 30 days sad	36	53%	38 - 68
Any activity limitation	47	38%	28 - 48
Diabetes	17	29%	16 - 43
No health insurance	25	27%	16 - 39
Fair or poor health	34	30%	19 - 40
Current smokers	49	27%	19 - 34
Have a child at home	103	32%	26 - 38
Overweight/obese (BMI >= 25)	122	26%	22 - 31
Not very healthy/full of energy	131	43%	36 - 49

*Respondents who reported 14 or more days in the past 30 where they did not get enough rest or sleep (among all respondents).

Table GG: Not Very Healthy and Full of Energy*

Subpopulation Characteristic	Number at Risk n	% Subpop. At Risk %	95% CI
Total (total)	312	35%	31 - 39
Age Group			
18-24	31	36%	24 - 47
25-34	70	42%	33 - 51
35-44	58	31%	23 - 38
45-54	65	34%	26 - 42
55-64	32	31%	21 - 40
65-74	30	32%	21 - 42
75+	26	39%	24 - 53
Gender			
Male	113	33%	27 - 38
Female	199	37%	32 - 42
Education			
< H.S. Grad	46	27%	19 - 36
High School Grad	90	36%	29 - 43
Some College	102	38%	31 - 44
College Graduate	73	37%	29 - 44
Income			
\$0-\$19,999	48	38%	27 - 49
\$20,000-\$34,999	102	37%	30 - 44
\$35,000-\$49,999	55	35%	27 - 44
\$50,000+	60	35%	27 - 43
Marital Status			
Married	161	32%	27 - 36
Divorced/Separated	61	47%	37 - 58
Widowed	39	43%	32 - 54
Never Mar./Unmar. Couple	50	35%	25 - 45
Employment			
Employed for Wages	192	36%	31 - 41
Self-Employed	21	33%	19 - 46
Not Emp for Wages	46	30%	21 - 39
Retired	53	37%	28 - 46
Ethnicity			
Hispanic	52	26%	19 - 34
Non Hispanic	260	38%	34 - 43
Other			
Limiting pain in last 30 days	86	58%	48 - 67
14+ of last 30 days anxious	94	60%	51 - 70
14+ of last 30 days sad	54	70%	55 - 85
Any activity limitation	83	61%	50 - 72
Diabetes	34	55%	41 - 69
No health insurance	33	39%	26 - 51
Fair or poor health	64	52%	40 - 64
Current smokers	75	36%	28 - 44
Have a child at home	121	35%	29 - 41
Overweight/obese (BMI >= 25)	191	37%	33 - 42
Not enough rest or sleep	131	62%	54 - 70

*Respondents who reported 14 or more days in the past 30 where they did not feel very healthy and full of energy (among all respondents).

Table HH: Possible Depression*

Subpopulation Characteristic	Number at Risk n	% Subpop. At Risk %	95% CI
Total (total)	186	21%	18 - 24
Age Group			
18-24	16	21%	10 - 31
25-34	32	22%	14 - 29
35-44	42	23%	16 - 30
45-54	46	24%	17 - 31
55-64	23	22%	13 - 31
65-74	15	13%	6 - 21
75+	12	17%	6 - 27
Gender			
Male	50	16%	11 - 20
Female	136	27%	22 - 31
Education			
< H.S. Grad	19	16%	7 - 24
High School Grad	52	20%	15 - 26
Some College	69	25%	19 - 31
College Graduate	46	21%	15 - 28
Income			
\$0-\$19,999	27	24%	14 - 33
\$20,000-\$34,999	61	23%	17 - 29
\$35,000-\$49,999	38	25%	17 - 33
\$50,000+	38	19%	13 - 25
Marital Status			
Married	92	19%	15 - 23
Divorced/Separated	42	27%	18 - 35
Widowed	24	30%	19 - 41
Never Mar./Unmar. Couple	26	21%	12 - 31
Employment			
Employed for Wages	121	23%	19 - 27
Self-Employed	10	15%	5 - 25
Not Emp for Wages	32	24%	14 - 33
Retired	23	13%	7 - 19
Ethnicity			
Hispanic	32	19%	12 - 26
Non Hispanic	154	22%	18 - 25
Other			
Limiting pain in last 30 days	54	33%	25 - 42
14+ of last 30 days anxious	76	50%	41 - 59
14+ of last 30 days sad	45	63%	50 - 77
Any activity limitation	48	36%	26 - 46
Diabetes	19	27%	15 - 40
No health insurance	17	15%	7 - 23
Fair or poor health	36	32%	21 - 43
Couldn't afford doctor visit	21	26%	13 - 38
Have a child at home	68	21%	15 - 26
Overweight/obese (BMI >= 25)	107	21%	17 - 25

*Respondents reporting thinking that they might have been depressed during the past five years (among all respondents).

Table II: Diagnosed with Depression*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	78	7%	5 - 9
Age Group			
18-24	3	5%	0 - 12
25-34	13	7%	3 - 11
35-44	17	8%	4 - 12
45-54	24	10%	6 - 15
55-64	10	11%	4 - 17
65-74	7	5%	1 - 9
75+	4	4%	0 - 8
Gender			
Male	12	3%	1 - 5
Female	66	12%	9 - 15
Education			
< H.S. Grad	4	4%	0 - 10
High School Grad	23	7%	4 - 11
Some College	24	7%	4 - 11
College Graduate	27	11%	6 - 15
Income			
\$0-\$19,999	11	7%	2 - 11
\$20,000-\$34,999	22	6%	3 - 8
\$35,000-\$49,999	21	12%	7 - 17
\$50,000+	17	8%	4 - 11
Marital Status			
Married	34	6%	4 - 8
Divorced/Separated	20	11%	6 - 16
Widowed	11	14%	6 - 22
Never Mar./Unmar. Couple	11	7%	1 - 14
Employment			
Employed for Wages	44	6%	4 - 8
Self-Employed	4	4%	0 - 9
Not Emp for Wages	20	16%	7 - 24
Retired	10	5%	2 - 8
Ethnicity			
Hispanic	7	4%	0 - 9
Non Hispanic	71	9%	6 - 11
Other			
Limiting pain in last 30 days	31	17%	11 - 23
14+ of last 30 days anxious	34	19%	12 - 25
14+ of last 30 days sad	24	25%	14 - 36
Any activity limitation	26	17%	10 - 24
Diabetes	7	8%	1 - 14
No health insurance	4	3%	0 - 5
Fair or poor health	23	17%	9 - 24
Couldn't afford doctor visit	7	6%	1 - 11
Possibly depressed	78	35%	27 - 43

*Respondents reporting that they had been diagnosed with depression in the past five years (among all respondents).

Table JJ: No Installed and Working Smoke Detector*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	200	25%	22 - 28
Age Group of Respondent			
18-24	28	39%	28 - 51
25-34	37	26%	19 - 33
35-44	48	28%	21 - 35
45-54	41	25%	18 - 32
55-64	23	22%	14 - 30
65-74	15	16%	8 - 23
75+	8	13%	4 - 22
Education of Respondent			
< H.S. Grad	61	49%	40 - 57
High School Grad	48	20%	15 - 25
Some College	57	23%	17 - 28
College Graduate	34	18%	12 - 23
Household Income			
0-19,999	34	32%	23 - 41
20,000-34,999	70	27%	22 - 33
35,000-49,999	34	22%	15 - 29
50,000+	25	16%	10 - 21
Employment of Respondent			
Employed for wages	131	27%	23 - 31
Self employed	9	14%	5 - 23
Not employed	43	37%	28 - 46
Retired	17	12%	7 - 18
Ethnicity of Respondent			
Hispanic	73	45%	37 - 52
Non hispanic	127	20%	16 - 23

*Respondents reporting not having an installed and working smoke detector in their home (among all respondents, weighted for households)

Table KK: Afraid to Leave Home At Night*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	177	21%	18 - 24
Age Group			
18-24	24	29%	18 - 41
25-34	42	24%	17 - 31
35-44	38	21%	15 - 28
45-54	30	18%	12 - 25
55-64	15	13%	6 - 20
65-74	13	11%	5 - 18
75+	15	22%	10 - 34
Gender			
Male	37	11%	7 - 15
Female	140	31%	26 - 36
Education			
< H.S. Grad	38	27%	17 - 36
High School Grad	61	24%	18 - 30
Some College	45	18%	13 - 24
College Graduate	33	15%	10 - 20
Income			
\$0-\$19,999	28	23%	14 - 32
\$20,000-\$34,999	50	19%	13 - 24
\$35,000-\$49,999	37	25%	17 - 32
\$50,000+	33	18%	12 - 24
Marital Status			
Married	103	21%	17 - 25
Divorced/Separated	22	13%	7 - 19
Widowed	17	21%	11 - 30
Never Mar./Unmar. Couple	34	26%	16 - 36
Employment			
Employed for Wages	108	21%	17 - 25
Self-Employed	13	20%	9 - 32
Not Emp for Wages	33	27%	17 - 37
Retired	22	12%	7 - 18
Ethnicity			
Hispanic	48	26%	18 - 34
Non Hispanic	129	19%	16 - 22
Other			
Limiting pain in last 30 days	42	28%	20 - 37
14+ of last 30 days anxious	39	25%	17 - 32
14+ of last 30 days sad	15	20%	9 - 31
Any activity limitation	30	22%	14 - 31
No health insurance	20	24%	13 - 35
Fair or poor health	26	24%	14 - 33
Couldn't afford doctor visit	26	33%	21 - 46
Known/seen domestic violence	45	28%	19 - 36
Saw crime in neighborhood	24	32%	19 - 45
Have a child at home	92	28%	22 - 34
Possibly depressed	51	28%	20 - 36
Diagnosed with depression	27	41%	26 - 56
Lacked emotional support	56	32%	23 - 40

*Respondents who reported being very, somewhat, or a little afraid to leave their home at night (among all respondents).

Table LL: Known a Victim of Domestic Violence*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	148	18%	15 - 21
Age Group			
18-24	19	25%	13 - 36
25-34	33	20%	13 - 27
35-44	40	22%	15 - 28
45-54	36	19%	12 - 25
55-64	12	10%	4 - 15
65-74	8	11%	2 - 19
75+	0	0%	-
Gender			
Male	42	14%	9 - 18
Female	106	21%	17 - 26
Education			
< H.S. Grad	19	16%	8 - 24
High School Grad	28	12%	8 - 17
Some College	52	19%	13 - 24
College Graduate	49	25%	18 - 32
Income			
\$0-\$19,999	19	16%	8 - 24
\$20,000-\$34,999	47	19%	13 - 25
\$35,000-\$49,999	35	22%	14 - 30
\$50,000+	33	20%	13 - 27
Marital Status			
Married	75	15%	12 - 19
Divorced/Separated	32	23%	14 - 33
Widowed	8	11%	3 - 18
Never Mar./Unmar. Couple	32	25%	15 - 34
Employment			
Employed for Wages	115	22%	18 - 27
Self-Employed	6	11%	1 - 20
Not Emp for Wages	21	15%	7 - 22
Retired	6	4%	1 - 7
Ethnicity			
Hispanic	34	19%	12 - 26
Non Hispanic	114	17%	14 - 21
Other			
Limiting pain in last 30 days	40	27%	19 - 36
14+ of last 30 days anxious	40	26%	18 - 34
14+ of last 30 days sad	16	23%	10 - 36
Couldn't afford doctor visit	24	31%	18 - 44
Afraid to leave home at night	45	24%	16 - 31
Saw crime in neighborhood	28	38%	25 - 52
Binge drinking	27	25%	15 - 35
Have a child at home	74	20%	16 - 25
Not enough rest or sleep	51	24%	17 - 30
Possibly depressed	57	29%	21 - 36
Diagnosed with depression	26	29%	17 - 40
Lacked emotional support	53	29%	21 - 37

*Respondents reporting knowing or seeing someone who was beaten or otherwise hurt by a husband, wife, boyfriend, or girlfriend (among all respondents).

Table MM: Saw Violent Crime in Neighborhood *

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	69	9%	7 - 12
Age Group			
18-24	12	16%	6 - 25
25-34	17	12%	6 - 18
35-44	17	10%	5 - 15
45-54	8	5%	1 - 8
55-64	6	5%	1 - 10
65-74	5	5%	0 - 10
75+	4	6%	0 - 14
Gender			
Male	35	12%	8 - 17
Female	34	6%	4 - 8
Education			
< H.S. Grad	16	12%	5 - 18
High School Grad	25	12%	7 - 17
Some College	18	7%	3 - 11
College Graduate	10	6%	2 - 10
Income			
\$0-\$19,999	14	16%	7 - 26
\$20,000-\$34,999	19	8%	4 - 12
\$50,000+	10	6%	2 - 10
Marital Status			
Married	33	7%	5 - 10
Divorced/Separated	11	6%	2 - 11
Widowed	6	7%	1 - 14
Never Mar./Unmar. Couple	18	17%	8 - 25
Employment			
Employed for Wages	49	10%	7 - 14
Self-Employed	2	5%	0 - 12
Not Emp for Wages	11	10%	3 - 17
Retired	7	5%	1 - 9
Ethnicity			
Hispanic	22	12%	6 - 17
Non Hispanic	47	8%	6 - 11
Other			
Limiting pain in last 30 days	15	12%	5 - 18
14+ of last 30 days anxious	18	11%	5 - 16
No health insurance	16	18%	8 - 27
Couldn't afford doctor visit	12	15%	6 - 25
Current smokers	19	13%	7 - 19
Afraid to leave home at night	24	14%	8 - 20
Known/seen domestic violence	28	20%	13 - 28
Chronic drinking	8	31%	10 - 52
Binge drinking	19	25%	14 - 36
Have a child at home	38	11%	8 - 15
Lacked emotional support	40	27%	19 - 35

*Respondents reporting that they had seen a violent crime in their neighborhood within the past year (among all respondents).

Table NN: Lacked Eating Fruits and Vegetables*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	478	68%	64 - 72
Age Group			
18-24	46	69%	55 - 82
25-34	90	72%	63 - 80
35-44	102	72%	64 - 80
45-54	100	70%	62 - 78
55-64	57	60%	50 - 71
65-74	55	68%	57 - 79
75+	28	52%	36 - 69
Gender			
Male	202	73%	67 - 80
Female	276	63%	58 - 68
Education			
< H.S. Grad	60	69%	58 - 80
High School Grad	149	73%	66 - 79
Some College	158	68%	60 - 75
College Graduate	110	63%	55 - 71
Income			
\$0-\$19,999	66	76%	65 - 88
\$20,000-\$34,999	149	69%	62 - 76
\$35,000-\$49,999	87	65%	56 - 73
\$50,000+	100	65%	56 - 73
Marital Status			
Married	268	67%	62 - 72
Divorced/Separated	83	71%	61 - 81
Widowed	44	59%	47 - 72
Never Mar./Unmar. Couple	79	73%	62 - 85
Employment			
Employed for Wages	299	70%	65 - 75
Self-Employed	34	57%	42 - 73
Not Emp for Wages	65	69%	59 - 79
Retired	79	68%	58 - 77
Ethnicity			
Hispanic	82	66%	57 - 76
Non Hispanic	396	69%	65 - 73
Other			
Diabetes	29	54%	39 - 69
Sedentary lifestyle	283	74%	69 - 79
No health insurance	46	64%	50 - 78
Fair or poor health	52	68%	56 - 80
Couldn't afford doctor visit	47	77%	66 - 88
High blood pressure	111	63%	55 - 71
High cholesterol	86	67%	58 - 76
Current smokers	118	80%	73 - 87
Binge drinking	66	74%	63 - 85
No regular health care provider	89	76%	66 - 85
Overweight (NHANES definitio	173	67%	61 - 73
Not enough rest or sleep	128	72%	65 - 79
Not very healthy/full of energy	206	73%	67 - 79
Concerned about food	50	66%	53 - 78

*Respondents who reported consuming less than 5 servings of fruits and vegetables per day (among all respondents).

Table OO: Lacked Emotional Support*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	56	7%	5 - 9
Age Group			
18-24	3	5%	0 - 11
25-34	14	8%	4 - 13
35-44	16	12%	6 - 18
45-54	4	2%	0 - 4
55-64	12	12%	5 - 18
65-74	3	3%	0 - 6
75+	4	5%	0 - 10
Gender			
Male	27	7%	4 - 11
Female	29	6%	4 - 9
Education			
< H.S. Grad	16	14%	6 - 21
High School Grad	18	6%	3 - 9
Some College	13	5%	2 - 8
College Graduate	9	4%	1 - 7
Income			
\$0-\$19,999	7	5%	1 - 9
\$20,000-\$34,999	25	11%	6 - 16
\$35,000-\$49,999	8	5%	1 - 9
\$50,000+	7	3%	1 - 6
Marital Status			
Married	26	6%	3 - 8
Divorced/Separated	10	8%	3 - 13
Widowed	8	11%	3 - 18
Never Mar./Unmar. Couple	12	9%	3 - 15
Employment			
Employed for Wages	34	7%	4 - 9
Self-Employed	2	1%	0 - 3
Not Emp for Wages	12	12%	4 - 19
Retired	8	5%	1 - 9
Ethnicity			
Hispanic	20	13%	7 - 18
Non Hispanic	36	5%	3 - 6
Other			
14+ of last 30 days anxious	9	5%	2 - 9
14+ of last 30 days sad	7	9%	1 - 17
Any activity limitation	11	9%	3 - 14
Sedentary lifestyle	34	7%	5 - 10
No health insurance	11	14%	4 - 24
Fair or poor health	10	11%	4 - 18
Couldn't afford doctor visit	6	11%	0 - 21
No regular health care provider	17	12%	6 - 18
Not enough rest or sleep	15	7%	4 - 11
Not very healthy/full of energy	24	8%	4 - 11
Possibly depressed	10	6%	2 - 9
Diagnosed with depression	3	4%	0 - 8
Concerned about food	11	13%	4 - 21

*Respondents reporting having one or less close friend or family member who would help with emotional problems or feelings (among all respondents).

Table PP: Concerned About Food*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	98	14%	11 - 17
Age Group			
18-24	11	15%	6 - 25
25-34	27	23%	14 - 32
35-44	32	24%	16 - 32
45-54	15	10%	5 - 16
55-64	7	6%	1 - 10
65-74	2	2%	0 - 4
75+	4	4%	0 - 8
Gender			
Male	32	14%	9 - 19
Female	66	15%	11 - 19
Education			
< H.S. Grad	42	36%	26 - 46
High School Grad	33	15%	9 - 20
Some College	16	8%	3 - 12
College Graduate	7	3%	1 - 5
Income			
\$0-\$19,999	27	28%	16 - 39
\$20,000-\$34,999	43	22%	16 - 29
\$35,000-\$49,999	7	4%	1 - 8
\$50,000+	3	2%	0 - 4
Marital Status			
Married	54	14%	10 - 18
Divorced/Separated	13	14%	5 - 23
Widowed	12	13%	6 - 21
Never Mar./Unmar. Couple	19	17%	9 - 25
Employment			
Employed for Wages	61	16%	12 - 20
Self-Employed	1	2%	0 - 5
Not Emp for Wages	32	27%	17 - 37
Retired	4	2%	0 - 4
Ethnicity			
Hispanic	57	37%	28 - 46
Non Hispanic	41	6%	4 - 8
Other			
14+ of last 30 days anxious	30	20%	12 - 29
14+ of last 30 days sad	24	39%	24 - 54
Diabetes	15	23%	12 - 35
No health insurance	24	28%	17 - 40
Fair or poor health	18	20%	8 - 31
Couldn't afford doctor visit	31	52%	37 - 66
High blood pressure	15	6%	3 - 10
High cholesterol	12	7%	2 - 11
Have a child at home	68	26%	20 - 32
Not very healthy/full of energy	48	16%	11 - 21
Possibly depressed	33	20%	13 - 27
Lacked fruits/vegetables	50	12%	9 - 16

*Respondents reporting being concerned in the past month about having enough food for themselves and their family (among all respondents).

Table QQ: No Dental Visit in Past Two Years*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	197	28%	24 - 32
Age Group			
18-24	18	26%	14 - 38
25-34	33	28%	19 - 37
35-44	46	30%	22 - 38
45-54	32	21%	14 - 29
55-64	21	22%	13 - 31
65-74	23	32%	20 - 43
75+	24	47%	31 - 62
Gender			
Male	92	31%	25 - 37
Female	105	24%	20 - 29
Education			
< H.S. Grad	60	56%	46 - 67
High School Grad	64	28%	21 - 34
Some College	48	19%	13 - 24
College Graduate	25	14%	8 - 20
Income			
\$0-\$19,999	42	41%	29 - 54
\$20,000-\$34,999	72	36%	28 - 43
\$35,000-\$49,999	30	22%	14 - 29
\$50,000+	20	12%	6 - 17
Marital Status			
Married	110	28%	23 - 33
Divorced/Separated	35	31%	21 - 41
Widowed	26	32%	21 - 44
Never Mar./Unmar. Couple	25	25%	14 - 35
Employment			
Employed for Wages	110	25%	21 - 30
Self-Employed	9	16%	5 - 26
Not Emp for Wages	36	36%	24 - 47
Retired	39	34%	24 - 44
Ethnicity			
Hispanic	60	42%	33 - 51
Non Hispanic	137	23%	19 - 26
Other			
Limiting pain in last 30 days	39	30%	21 - 40
No health insurance	34	42%	29 - 55
Fair or poor health	37	41%	28 - 53
Couldn't afford doctor visit	32	51%	36 - 65
Current smokers	46	26%	18 - 34
Male smokeless tobacco use	13	34%	15 - 53
Need dental services	54	30%	22 - 37
Lost tooth to disease	101	30%	24 - 35
No regular health care provider	49	38%	28 - 47
Lacked fruits/vegetables	113	27%	22 - 32
Lost six or more teeth	58	52%	42 - 62
No dental health care coverage	113	40%	33 - 46

*Respondents reporting not visiting the dentist in the past two years (among all respondents).

Table RR: Lost One or More Teeth to Decay or Disease*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	367	43%	39 - 47
Age Group			
18-24	6	8%	1 - 14
25-34	30	23%	14 - 31
35-44	68	45%	36 - 54
45-54	81	52%	43 - 61
55-64	72	75%	66 - 84
65-74	60	66%	55 - 78
75+	50	88%	77 - 99
Gender			
Male	142	44%	38 - 50
Female	225	42%	37 - 47
Education			
< H.S. Grad	56	39%	29 - 50
High School Grad	146	59%	51 - 66
Some College	108	41%	34 - 48
College Graduate	56	29%	22 - 36
Income			
\$0-\$19,999	59	54%	41 - 66
\$20,000-\$34,999	122	47%	40 - 54
\$35,000-\$49,999	69	48%	39 - 57
\$50,000+	59	36%	28 - 44
Marital Status			
Married	201	45%	40 - 50
Divorced/Separated	67	53%	43 - 64
Widowed	66	81%	72 - 90
Never Mar./Unmar. Couple	30	19%	11 - 26
Employment			
Employed for Wages	186	37%	32 - 42
Self-Employed	21	38%	24 - 53
Not Emp for Wages	52	38%	27 - 49
Retired	106	77%	69 - 86
Ethnicity			
Hispanic	63	35%	26 - 43
Non Hispanic	304	47%	42 - 51
Other			
Limiting pain in last 30 days	77	53%	43 - 62
14+ of last 30 days sad	44	55%	40 - 70
Any activity limitation	78	68%	58 - 78
Diabetes	40	69%	55 - 82
No health insurance	32	31%	20 - 42
Fair or poor health	73	72%	61 - 84
Couldn't afford doctor visit	33	38%	24 - 52
High blood pressure	123	60%	52 - 68
High cholesterol	87	61%	52 - 70
Current smokers	94	53%	44 - 62
No dental visit in two years	101	47%	39 - 55
Need dental services	113	56%	48 - 64
No dental health care coverage	175	50%	43 - 56

*Respondents reporting having lost one or more teeth because of tooth decay or gum disease (among all respondents).

Table TT: Lost Six or More Teeth to Decay Disease*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	121	14%	11 - 17
Age Group			
18-24	0	0%	-
25-34	1	1%	0 - 3
35-44	14	9%	4 - 14
45-54	21	13%	7 - 19
55-64	33	35%	24 - 45
65-74	24	28%	17 - 38
75+	28	55%	39 - 71
Gender			
Male	47	15%	11 - 19
Female	74	13%	10 - 16
Education			
< H.S. Grad	19	12%	6 - 18
High School Grad	52	21%	15 - 26
Some College	38	14%	9 - 19
College Graduate	11	5%	2 - 8
Income			
\$0-\$19,999	26	22%	12 - 32
\$20,000-\$34,999	46	18%	13 - 23
\$35,000-\$49,999	18	13%	7 - 20
\$50,000+	12	7%	3 - 11
Marital Status			
Married	60	14%	10 - 17
Divorced/Separated	20	18%	9 - 26
Widowed	34	44%	32 - 56
Never Mar./Unmar. Couple	5	2%	0 - 5
Employment			
Employed for Wages	48	9%	7 - 12
Self-Employed	7	14%	4 - 25
Not Emp for Wages	16	8%	4 - 13
Retired	49	40%	30 - 50
Ethnicity			
Hispanic	8	3%	0 - 5
Non Hispanic	113	18%	15 - 21
Other			
Limiting pain in last 30 days	29	18%	11 - 25
14+ of last 30 days anxious	25	15%	9 - 22
14+ of last 30 days sad	19	19%	9 - 29
No health insurance	9	7%	2 - 11
Fair or poor health	44	44%	31 - 56
Couldn't afford doctor visit	14	13%	5 - 21
Current smokers	41	23%	15 - 30
Male smokeless tobacco use	5	11%	1 - 22
No dental visit in two years	58	26%	19 - 33
Need dental services	30	14%	9 - 19
Lacked fruits/vegetables	77	14%	11 - 18
No dental health care coverage	71	21%	16 - 26

*Respondents reporting having lost six or more teeth because of tooth decay or gum disease (among all respondents)

Table UU: No Dental Health Care Coverage*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	330	42%	38 - 46
Age Group			
18-24	32	44%	31 - 58
25-34	53	39%	29 - 48
35-44	59	36%	27 - 44
45-54	49	30%	22 - 38
55-64	37	39%	28 - 49
65-74	58	63%	52 - 75
75+	42	72%	60 - 84
Gender			
Male	118	39%	33 - 46
Female	212	45%	40 - 50
Education			
< H.S. Grad	74	60%	49 - 70
High School Grad	102	41%	34 - 48
Some College	97	39%	32 - 47
College Graduate	56	30%	22 - 37
Income			
\$0-\$19,999	75	69%	58 - 81
\$20,000-\$34,999	98	40%	33 - 47
\$35,000-\$49,999	48	33%	25 - 42
\$50,000+	32	19%	12 - 27
Marital Status			
Married	169	39%	34 - 44
Divorced/Separated	57	45%	35 - 55
Widowed	56	64%	53 - 76
Never Mar./Unmar. Couple	47	45%	33 - 56
Employment			
Employed for Wages	140	30%	25 - 35
Self-Employed	27	45%	30 - 59
Not Emp for Wages	68	63%	52 - 74
Retired	93	69%	60 - 77
Ethnicity			
Hispanic	77	49%	40 - 59
Non Hispanic	253	40%	35 - 44
Other			
No health insurance	78	95%	88 - 100
Fair or poor health	52	59%	47 - 71
Couldn't afford doctor visit	52	69%	55 - 82
Current smokers	67	41%	32 - 50
Male smokeless tobacco use	14	41%	22 - 61
Chronic drinking	20	60%	40 - 81
No dental visit in two years	113	60%	52 - 68
Need dental services	84	43%	34 - 51
Lost tooth to disease	175	49%	43 - 54
Lost six or more teeth	71	62%	53 - 72

*Respondents reporting having no dental health care coverage (among all respondents)

Table SS: In Need of Dental Services*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	192	24%	20 - 27
Age Group			
18-24	16	18%	9 - 27
25-34	44	30%	21 - 38
35-44	44	28%	20 - 36
45-54	44	30%	22 - 38
55-64	22	22%	13 - 30
65-74	13	14%	6 - 22
75+	9	12%	4 - 21
Gender			
Male	61	20%	15 - 25
Female	131	27%	23 - 32
Education			
< H.S. Grad	35	26%	17 - 35
High School Grad	53	23%	17 - 29
Some College	67	26%	19 - 32
College Graduate	37	21%	14 - 28
Income			
\$0-\$19,999	34	36%	23 - 48
\$20,000-\$34,999	64	26%	19 - 32
\$35,000-\$49,999	40	29%	21 - 37
\$50,000+	25	13%	8 - 19
Marital Status			
Married	107	24%	19 - 28
Divorced/Separated	35	26%	17 - 35
Widowed	16	20%	10 - 29
Never Mar./Unmar. Couple	32	22%	14 - 31
Employment			
Employed for Wages	128	27%	23 - 32
Self-Employed	10	14%	5 - 24
Not Emp for Wages	29	21%	12 - 30
Retired	24	17%	10 - 25
Ethnicity			
Hispanic	51	29%	21 - 37
Non Hispanic	141	22%	18 - 25
Other			
Limiting pain in last 30 days	43	31%	23 - 40
14+ of last 30 days anxious	50	34%	25 - 44
14+ of last 30 days sad	21	33%	18 - 48
Any activity limitation	36	33%	22 - 44
No health insurance	26	23%	13 - 32
Fair or poor health	24	29%	16 - 41
Couldn't afford doctor visit	36	46%	31 - 60
Current smokers	44	25%	17 - 33
No dental visit in two years	54	25%	18 - 32
Lost tooth to disease	113	31%	26 - 37
Lost six or more teeth	30	24%	15 - 32
No dental health care coverage	84	24%	19 - 30

*Respondents reporting a need for any dental service, including fillings, dentures or partials, teeth pulled, caps, crowns, or root canals (among all respondents).

Table VV: Chronic Drinking*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	33	5%	3 - 8
Age Group			
18-24	5	9%	1 - 17
25-34	4	4%	0 - 10
35-44	9	6%	2 - 9
45-54	8	6%	2 - 11
55-64	2	3%	0 - 6
65-74	3	4%	0 - 9
75+	2	4%	0 - 12
Gender			
Male	27	10%	6 - 14
Female	6	1%	0 - 2
Education			
< H.S. Grad	7	7%	1 - 14
High School Grad	12	7%	3 - 11
Some College	9	4%	1 - 8
College Graduate	5	3%	0 - 6
Income			
\$0-\$19,999	7	9%	1 - 18
\$20,000-\$34,999	11	5%	2 - 9
\$35,000-\$49,999	5	4%	1 - 8
\$50,000+	5	5%	0 - 10
Marital Status			
Married	13	4%	2 - 6
Divorced/Separated	9	8%	3 - 13
Widowed	2	2%	0 - 5
Never Mar./Unmar. Couple	8	10%	2 - 18
Employment			
Employed for Wages	23	7%	4 - 10
Self-Employed	3	4%	0 - 10
Not Emp for Wages	2	3%	0 - 7
Retired	5	5%	0 - 9
Ethnicity			
Hispanic	7	5%	1 - 10
Non Hispanic	26	5%	3 - 8
Other			
Limiting pain in last 30 days	5	3%	0 - 6
14+ of last 30 days anxious	7	5%	1 - 9
14+ of last 30 days sad	4	5%	0 - 10
Diabetes	2	3%	0 - 8
Fair or poor health	4	3%	0 - 6
High blood pressure	5	3%	0 - 5
High cholesterol	6	4%	0 - 7
Current smokers	18	12%	6 - 18
Binge drinking	23	28%	16 - 39
Have a child at home	13	6%	2 - 10
Overweight/obese (BMI >= 25)	22	7%	4 - 10

*Respondents who reported consuming 60 or more drinks per month (among all respondents).

Table WW: Binge Drinking*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	103	14%	11 - 17
Age Group			
18-24	12	18%	7 - 29
25-34	30	21%	13 - 29
35-44	32	18%	12 - 25
45-54	22	15%	9 - 21
55-64	5	5%	0 - 9
65-74	2	2%	0 - 4
75+	0	0%	-
Gender			
Male	67	22%	16 - 27
Female	36	6%	4 - 9
Education			
< H.S. Grad	13	12%	4 - 20
High School Grad	31	16%	10 - 22
Some College	36	13%	9 - 18
College Graduate	23	13%	8 - 19
Income			
\$0-\$19,999	14	15%	5 - 25
\$20,000-\$34,999	35	15%	10 - 21
\$35,000-\$49,999	19	11%	6 - 16
\$50,000+	24	17%	10 - 24
Marital Status			
Married	43	10%	7 - 13
Divorced/Separated	26	20%	13 - 28
Widowed	4	5%	0 - 11
Never Mar./Unmar. Couple	29	27%	17 - 38
Employment			
Employed for Wages	83	19%	14 - 23
Self-Employed	7	8%	2 - 14
Not Emp for Wages	11	9%	3 - 16
Retired	2	1%	0 - 3
Ethnicity			
Hispanic	23	13%	7 - 19
Non Hispanic	80	14%	11 - 18
Other			
Limiting pain in last 30 days	15	9%	4 - 14
14+ of last 30 days anxious	27	19%	12 - 26
14+ of last 30 days sad	9	10%	3 - 17
High blood pressure	16	9%	4 - 13
Current smokers	43	26%	18 - 33
Male smokeless tobacco use	15	50%	31 - 70
Saw crime in neighborhood	19	38%	23 - 53
Chronic drinking	23	75%	55 - 95
Have a child at home	50	17%	12 - 22
Not wearing seat belt	64	21%	15 - 26
Overweight/obese (BMI >= 25)	59	14%	10 - 18
Lacked emotional support	37	24%	16 - 33

*Respondents who reported five or more drinks of alcohol on one or more occasions during the past 30 days (among all respondents).

Table XX: Drinking and Driving*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	25	3%	2 - 5
Age Group			
18-24	4	7%	0 - 14
25-44	14	3%	1 - 5
45-64	7	3%	1 - 5
65+	0	0%	-
Gender			
Male	19	5%	3 - 8
Female	6	1%	0 - 2
Education			
< H.S. Grad	2	1%	0 - 2
High School Grad	9	5%	1 - 9
Some College	8	4%	0 - 7
College Graduate	6	3%	0 - 5
Income			
\$0-\$19,999	3	3%	0 - 6
\$20,000-\$34,999	8	3%	1 - 5
\$35,000-\$49,999	4	2%	0 - 4
\$50,000+	5	5%	0 - 10
Marital Status			
Married	5	1%	0 - 2
Divorced/Separated	9	7%	2 - 12
Widowed	0	0%	-
Never Mar./Unmar. Couple	11	10%	3 - 17
Employment			
Employed for Wages	22	5%	2 - 7
Self-Employed	2	3%	0 - 7
Not Emp for Wages	1	0%	0 - 1
Retired	0	0%	-
Ethnicity			
Hispanic	4	1%	0 - 3
Non Hispanic	21	4%	2 - 6
Other			
Current smokers	13	8%	3 - 12
Male smokeless tobacco use	6	22%	4 - 41
Known/seen domestic violence	9	6%	2 - 10
Saw crime in neighborhood	4	6%	0 - 13
Chronic drinking	10	31%	11 - 50
Binge drinking	20	20%	10 - 30
Have a child at home	9	3%	0 - 5
Not wearing seat belt	17	5%	2 - 9

*Respondents who reported that they had driven when they'd had perhaps too much to drink in the past month (among all respondents).

Table YY: Fell in Past Five Years*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	60	37%	29 - 46
Age Group			
65-74	37	40%	29 - 51
75+	23	33%	19 - 47
Gender			
Male	12	27%	12 - 42
Female	48	45%	35 - 55
Education			
< H.S. Grad	6	17%	1 - 33
High School Grad	27	50%	34 - 65
Some College	19	37%	22 - 53
College Graduate	8	33%	10 - 55
Income			
\$0-\$19,999	13	37%	16 - 58
\$20,000-\$34,999	21	39%	23 - 54
\$35,000-\$49,999	7	40%	13 - 68
\$50,000+	4	45%	3 - 86
Marital Status			
Married	28	39%	26 - 52
Divorced/Separated	6	37%	7 - 67
Widowed	24	32%	21 - 44
Never Mar./Unmar. Couple	2	58%	0 - 100
Employment			
Employed for Wages	10	45%	19 - 71
Self-Employed	4	63%	15 - 100
Not Emp for Wages	3	32%	0 - 79
Retired	43	34%	24 - 44
Ethnicity			
Hispanic	3	40%	0 - 99
Non Hispanic	57	37%	28 - 46
Other			
Limiting pain in last 30 days	19	50%	29 - 72
14+ of last 30 days anxious	11	79%	52 - 100
14+ of last 30 days sad	10	65%	37 - 93
Any activity limitation	26	55%	37 - 72
Diabetes	15	79%	60 - 97
Sedentary lifestyle	34	35%	24 - 47
Fair or poor health	19	48%	27 - 69
High blood pressure	32	49%	36 - 63
High cholesterol	20	48%	31 - 64
Possibly depressed	14	48%	25 - 71

*Respondents ages 65 and older reporting that they had fallen in the last five years (among respondents 65 and older)

Table ZZ: Passive Smoke*

Subpopulation Characteristic	Number at Risk	% Subpop. At Risk	95% CI
	n	%	
Total			
(total)	83	15%	12 - 19
Age Group			
18-24	13	24%	11 - 37
25-34	13	13%	6 - 20
35-44	22	18%	11 - 25
45-54	17	16%	8 - 23
55-64	9	11%	4 - 19
65-74	7	11%	2 - 20
75+	2	3%	0 - 8
Gender			
Male	48	22%	15 - 28
Female	35	10%	6 - 13
Education			
< H.S. Grad	15	18%	8 - 28
High School Grad	34	21%	14 - 28
Some College	21	14%	8 - 20
College Graduate	12	7%	3 - 12
Income			
\$0-\$19,999	12	24%	10 - 38
\$20,000-\$34,999	28	17%	10 - 23
\$35,000-\$49,999	19	19%	11 - 28
\$50,000+	16	12%	5 - 19
Marital Status			
Married	49	13%	9 - 17
Divorced/Separated	9	14%	4 - 24
Widowed	6	11%	2 - 20
Never Mar./Unmar. Couple	19	26%	14 - 39
Employment			
Employed for Wages	69	20%	15 - 25
Self-Employed	5	16%	2 - 30
Not Emp for Wages	3	6%	0 - 13
Retired	6	7%	1 - 13
Ethnicity			
Hispanic	17	14%	7 - 21
Non Hispanic	66	16%	12 - 20
Other			
Sedentary lifestyle	57	19%	14 - 24
No health insurance	9	19%	6 - 32
Couldn't afford doctor visit	10	25%	9 - 41
Male smokeless tobacco use	7	26%	6 - 46
Saw crime in neighborhood	11	32%	14 - 50
Chronic drinking	3	35%	0 - 71
Binge drinking	12	26%	11 - 41
Have a child at home	30	14%	9 - 19
No smoke detector	26	22%	14 - 31
Lost six or more teeth	13	21%	10 - 32

*Respondents reporting that someone smoked inside their home or that they were exposed to smoke at work (among all non-smokers)

TECHNICAL NOTES

Methodology

Background

The Behavior Risk Survey of Ford County was conducted at the request of representatives of the Community Health Assessment Project of the Ford County Health Department. This survey was based on methodology and survey content used by the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national data collection system, coordinated by the Centers for Disease Control and Prevention, designed to enable public health professionals to assess health risk factors known to contribute to or increase the risk of chronic and communicable disease, acute illness, injury, disability, and premature death. Kansas has conducted the statewide BRFSS every year since 1992.

Sampling

The telephone survey was conducted using a simple random digit dialing sampling method. Sampling was conducted by a commercial sample provider utilizing simple random digit dial (RDD) methods from one-plus blocks only (i.e., from blocks of one hundred telephone numbers in which there was at least one listed household). Pre-screening of the sample was conducted to eliminate businesses, institutions, and non-working numbers. Potential working telephone numbers were dialed during three separate calling periods (daytime, evening, and weekends) for a total of 15 call attempts before being replaced. Upon reaching a valid residential number, one household member aged 18 or older was randomly selected. If the selected respondent was not available, an appointment was made to call at a later date. If the selected respondent could not be reached during the survey calling period or refused to participate, that telephone number was replaced with another randomly selected number.

Because households were selected by random telephone number and no identifying information was solicited, all responses to this survey were anonymous. Between December 2000 and November 2001, 840 residents of Ford County were interviewed.

Data Collection

Residents of Ford County were interviewed by telephone using a standardized questionnaire prepared from BRFSS modules used by the Centers for Disease Control and Prevention (CDC) or developed specifically to meet the information needs of Ford County. The survey consisted, in part, of core modules used in all the counties participating in local BRFSS survey. Topics covered by the core modules were health status, health care access, hypertension awareness, cholesterol awareness, diabetes, exercise, seat belt use, tobacco use, smokeless tobacco use, demographics, breast and cervical cancer screening, adult immunization, HIV/AIDS, and quality of life. Additional questions were selected from optional modules available from CDC, previously used in the Kansas BRFSS or developed for special surveys. These modules were mental health, injury prevention, violence and crime, preventive counseling, fruits and vegetables, social context, oral health, alcohol consumption, falls, and passive smoke.

Weighting Procedure

Weighting is a process by which the survey data are adjusted to account for unequal selection probability and to more accurately represent the population from which the sample was drawn. The weighting process for the survey data is based on the same formula which is used nationwide in the BRFSS. The responses of each person interviewed were assigned a weight which accounted for the number of telephone numbers in the household, the number of adults in the household, and the demographic distribution of the sample. By weighting the data, the responses were adjusted to compensate for the over-representation or under-representation of particular subgroups. Alterations in the weighting formulas were made to arrive at estimates for prevalence among households and among children in specific age groups. The following tables present a description of the sample before and after weighting of the data and compares age and sex breakdown to Census estimates.

Demographic Characteristic	Unweighted Sample (%)	Weighted Sample (%)	Census Estimate (%)
Age			
18-24	8.5	12.8	12.7
25-34	15.8	17.5	17.2
35-44	21.4	21.6	21.3
45-54	20.5	17.0	18.1
55-64	12.7	11.8	11.7
65+	21.1	19.3	19.0
Sex			
Male	36.0	47.6	47.6
Female	64.0	52.4	52.4

Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)
Education		
<HS Graduate	8.6	8.9
HS Diploma	33.2	34.8
Some College	33.1	32.6
College Graduate	25.0	23.6
Income		
\$0 - \$9,999	2.7	2.3
\$10,000 - \$19,999	11.9	10.1
\$20,000 - \$34,999	29.5	27.6
\$35,000 - \$49,999	27.3	28.4
\$50,000+	28.5	31.7

Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)
Employment		
Employed for Wages	62.8	65.8
Self-Employed	6.5	6.3
Not Employed for Wages	10.1	9.5
Retired	20.6	18.3
Marital Status		
Married	53.2	61.2
Divorced/Separated	17.4	12.3
Widowed	12.9	8.8
Never Married/Unmarried Couple	16.5	17.7

Data Analysis

The charts and tables of the various risk factors presented in this document are broken down by age, gender, education level, income level, employment status, marital status, county, and various other factors likely to be associated with each specific risk factor. In the calculation of the percentage of the population at risk for specific health behaviors, respondents who indicated "don't know" or "refused" were not included. This causes some variation in sample size from question to question. When the results are generalized to the population, an assumption was made that the proportion of respondents at risk was the same for those with missing or unknown information as for those who provided adequate information. The percentage of missing or unknown responses was small for all questions except income for which 20% of responses were missing or unknown.

Data Reliability

Telephone interviewing has been demonstrated to be a reliable method for collecting behavioral risk data and can cost three to four times less than other interviewing methods such as mail-in interviews or face-to-face interviews. The BRFSS methodology has been utilized and evaluated by the CDC and other participating states since 1984. Content of survey questions, questionnaire design, data collection procedures, surveying techniques, and editing procedures have been thoroughly evaluated to maintain overall data quality and to lessen the potential for bias within the population sample.

Stratification of Data in Analysis

The complete demographic breakdown for selected risk factors can be found in the detailed tables section of this document. The breakdown of age, employment, marital status, and income were varied according to the size of the stratified sample. In the profile chapters of the ten selected health issues, cell sizes were adjusted to above 20 individuals whenever possible. Smaller cell sizes were allowed in the tables in the appendices but the number of respondents is included to permit judgement about the stability of the proportion. Cell sizes smaller than 50 can provide unstable results, and cell sizes below 20 should be considered highly unstable (i.e., subject to fluctuation depending on the sample drawn.) The risk tables include a confidence interval for each percentage estimate. This represents a statistical test which should be used to assess the reliability of the estimate. This is discussed further in the introduction to those tables.

The education categories are comprised of those with less than a high school diploma, high school graduate, some college (i.e. technical or vocational school and partial college education with less than a four year degree), and college graduate (those who have a 4 year college degree and/or a postgraduate

degree). Annual household income categories are \$0-\$19,999, \$20,000-\$34,999, \$35,000-\$49,999, \$50,000+; however, it was sometimes necessary to collapse categories to obtain cell sizes over 20. The employment status category is comprised of people who are employed for wages, self-employed, retired, and those who are not employed (those out of work, homemakers, students, and those unable to work). Marital status is comprised of married, divorced or separated, widowed, and never married or unmarried couples.

Limitations

Sampling

The BRFSS survey samples the population using a technique which is discussed in the methodology section. Sampling yields results which are an estimate of the true answer for the entire population. The more persons that are interviewed, the greater the precision of the estimate. When the data are subdivided to look at sub-populations (e.g., an age subgroup) these estimates will be less precise; if the number of persons interviewed was small because the subgroup represents a small fraction of the population (e.g., diabetics less than 30 years old), the estimate may become too uncertain to be of value.

Because the survey is conducted by telephone, persons without telephones could not be reached. Since phone ownership is highly correlated to income, persons without a phone are more likely to be poor than persons with a telephone. This will potentially affect questions with responses that are highly dependent on income (e.g., health insurance) more than other questions. However, because phone ownership is high in Kansas (greater than 95%), it is unlikely that failing to reach these persons will substantially alter results.

Questionnaire Design and Administration

How a question is written and which questions preceded it in the questionnaire can influence responses in unpredictable ways. Not all the questions used in the survey have been tested to ensure that all persons understand the intended meaning. Those that come from modules created by the Centers for Disease Control and Prevention usually have been tested, while those in state modules may or may not have been tested, depending on the source of the question. Furthermore, not all questions are equally easy for respondents to answer. While it may be easy for a respondent to provide a personal opinion, it may be much harder to recall a past event (last mammogram) or provide factual information (household income).

Interviewers are trained and monitored to ensure that they administer the survey in a neutral voice and read the written question verbatim and without comment. Nonetheless, it is possible for the interviewer to bias the results through tone of voice or administration technique. Coding errors may also occur if the interviewer types in the wrong response to the question. In addition, the person being interviewed may alter his or her response to give the interviewer the most socially acceptable answer. This may be a problem especially for questions which may have a perceived stigma (e.g., HIV risk).

Response Rate

The CASRO rate, developed by the Council of American Survey Research Organizations is the total number of completed surveys divided by the total number of estimated households. For Ford County, the CASRO response rate was 52%. The upper bound response rate for the Ford survey was 60%. The upper bound formula* is based on the number of eligible households reached and the number of interviews completed. However, in addition to those persons who refused to answer questions, lack of

response can also arise because household members were not available despite repeated call attempts, or household members refuse to pick up the phone based on what they discern from caller ID. The bias from non-response cannot be removed; it is not possible to know if those who refused to respond would have answered the questions in approximately the same ways as those who responded.

Confounding and Causation

Relationships between risk factors and personal characteristics which are presented in this document are univariate (i.e., examine each risk factor in relationship to only one characteristic at a time); however, the complexity of health associations are not fully represented by examining single relationships. For example, an examination of heart disease and employment status might show a greater prevalence of heart disease among persons who are retired than among persons who are employed. However, persons who are retired are expected to have a greater average age than persons who are employed; consequently, this relationship might entirely disappear if we removed the effects of age. (If this were the case we would say that the relationship between heart disease and employment status was being confounded by age.)

Likewise, this document does not attempt to explain the causes of the health effects examined. For instance, BRFSS data might show a higher prevalence of heart disease among smokers, but one should not conclude from this that smoking causes heart disease. That smoking is indeed a causal factor for heart disease is apparent from a large body of scientific data, but that is not a conclusion that can be drawn from a cross-sectional survey such as this. Rather this is a “snapshot” of disease, risk factors, and population characteristics for adult residents of Ford County at a point in time.

* Upper bound response=number of complete interviews / (completes + refusals + terminations)